simplete™

Simplete 1 (HMO)

2022 Summary of Benefits

January 1, 2022 – December 31, 2022

Call toll-free 1-877-634-3390 daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.
TTY 711
www.healthalliancemedicare.org

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This booklet gives you a summary of what our plan covers and what you pay. It doesn't list every service we cover or every limitation or exclusion. For a complete list of covered services, call us and ask for the Evidence of Coverage.

Options for Getting Medicare Benefits

- Original Medicare (fee-for-service), which is run by the federal government
- Medicare Advantage through a private company, like Health Alliance Medicare

Tips for Comparing Medicare Options

This booklet allows you to compare costs and benefits for our plan

- If you want to compare our plan with other Medicare Advantage plans, ask other plans for their Summary of Benefits booklets or use the Medicare Plan Finder at medicare.gov.
- If you want to know more about the coverage and costs of Original Medicare, look in your *Medicare and You* handbook. You can find it at medicare.gov. You can also get 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.

Booklet Sections

- Things to Know
- Monthly Premium, Deductible and Limits on How Much You Pay for Covered Services
- Covered Medical and Hospital Benefits
- Prescription Drug Benefits
- Additional Covered Benefits
- About Us

This document is available in other formats, such as Braille and large print. For more information, call 1-877-933-8475 (TTY 711), daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

THINGS TO KNOW

Hours of Operation

Call daily from 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

Contact Info

- If you're a current member: 1-877-933-8475 (TTY 711)
- If you're not yet a member: 1-877-634-3390 (TTY 711)
- www.healthalliancemedicare.org

Eligibility
To join any of our Medicare Advantage plans, you must be entitled to Medicare Part A, enrolled in Medicare Part B and live in our service area.

Our service area includes these counties in Illinois: Champaign, McLean, Piatt, Vermilion and Woodford.

Our service area includes these counties in Indiana: Fountain, Vermillion and Warren.

Doctors, Hospitals and Pharmacies
Our plan has a large network of doctors, hospitals, pharmacies, and other providers to choose from.

With our HMO plans, you must use in-network providers, unless it's for emergency or urgent care. But with such a broad network, chances are, you can keep seeing the doctors you already know and trust. You also must have a primary care provider (PCP) to oversee your care and refer you to the specialists.

You must use network pharmacies to fill your prescriptions in most cases.

You can see our provider directory and pharmacy directory at our website (www.healthalliancemedicare.org). You can call us, and we will send you a copy.

What We Cover
Like all Medicare Advantage plans, we cover everything Original Medicare covers, but we also cover more.

For some benefits, you may pay less in our plan than you would in Original Medicare, and for some, you may pay more. This booklet outlines many of our extra benefits and perks that Original Medicare doesn't cover.

We cover the prescriptions drugs listed in our formulary at www.healthalliancemedicare.org. You can read it online or call us for a copy.

Determining Drug Costs
Each of the drugs we cover is grouped into one of five tiers. The amount you pay depends on the drug's tier and what stage of the benefit you've reached (Initial Coverage, Coverage Gap or Catastrophic Coverage). You can find out what tier your drug is on in our formulary at www.healthalliancemedicare.org, and we discuss the benefit stages later in this booklet.

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 Medicare Sales Associate at 1-877-634-3390.

Understanding the Benefits

- ☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services that you routinely see a doctor. Visit HealthAllianceMedicare.org or call 1-877-634-3390 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).
- ☐ For HMO-POS plans only: Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you may pay a higher co-pay for services received by non-contracted providers.

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MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY	
Premium Each Month You must continue to pay your Medicare Part B premium.	**$0**
This plan includes prescription drug coverage. For information on non-Rx plans, contact your broker or Health Alliance Medicare.	
Medical Deductible	**$0**
Prescription Drugs Deductible	**$0**
Maximum Out-of-Pocket Each Year The most you pay for copays, coinsurance and other costs for medical services for the year. You still need to pay your monthly premiums.	
In-network providers	**$4,000**
COVERED MEDICAL AND HOSPITAL BENEFITS	
Inpatient Hospital Care Our plan covers an unlimited number of days for an inpatient hospital stay. (may require prior authorization)	
In-network:	• **$250 copay per day for days 1 through 8** • **$0 copay per day for days 9 and beyond**
Outpatient Hospital Care (may require prior authorization)	
In-network:	**$200 copay**
DOCTOR VISITS	
Primary Care Physician Office Visits	
In-network:	**$0 copay**
Specialist Office Visits	

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In-network:	**$25 copay**
Virtual Visits Our plan covers visits with a provider by phone or online, 24/7.	
In-network:	**$0 copay**
Preventive Care Our plan covers many preventive services, including but not limited to: • Abdominal aortic aneurysm screening • Annual "Wellness" visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, fecal occult blood test, flexible sigmoidoscopy) • Depression screening • Diabetes screenings • HIV screening • Immunizations, including Flu shots, Hepatitis B shots, Pneumococcal shots • Medical nutrition therapy • Obesity screening and therapy • Prostate cancer screenings (PSA) • Screening and counseling to reduce alcohol misuse • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • "Welcome to Medicare" preventive visit (one-time)	
In-network:	**$0 copay**
EMERGENCY SERVICES	
Emergency Care If you are immediately admitted to the hospital, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care" section of this booklet for other costs.	
In- and Out-of-network:	**$90 copay**
Urgent Care Services	
In- and Out-of-network:	**$40 copay**
DIAGNOSTIC SERVICES Costs for these services may vary based on place of service and may require prior authorization.	
Diagnostic Tests, Procedures and Lab Services	
In-network:	**$0 copay for A1C lab test, $10 copay for other lab services, $15 copay for diagnostic**

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	tests
Diagnostic Radiology (such as MRIs, CT scans)	
In-network:	**$50 copay**
Outpatient X-rays (such as x-rays and ultrasounds)	
In-network:	**$10 copay**
HEARING, DENTAL AND VISION	
Diagnostic Hearing Exam (Exam to diagnose and treat hearing and balance issues)	
In-network:	**$25 copay**
Routine Hearing Exam (Must be with a TruHearing® provider) (Copayment is not subject to the maximum out-of-pocket) (1 exam per year)	
In-network:	**$45 copay**
Hearing Aids Up to two TruHearing-branded® hearing aids every year (one per ear per year). Benefit is limited to the TruHearing-branded® Advanced and Premium hearing aids, which come in various styles and colors. You must see a TruHearing® provider to use this benefit. Premium hearing aids are available in rechargeable style options for an additional $50 per aid. Limitations may apply. Copayment is not subject to the maximum out-of-pocket. Hearing aid purchases include: • provider visits within first year of hearing aid purchase • 60-day trial period • 3-year extended warranty • 80 batteries per aid	
Advanced: (In-network)	**$699 copay per aid**
Premium: (In-network)	**$999 copay per aid**
Medicare-covered Comprehensive Dental Services	

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• Extractions of teeth to prepare jaw for radiation treatment of neoplastic disease • Non-covered procedures or services (e.g. tooth removal) if performed by a dentist incident to and as an integral part of an otherwise Medicare-covered procedure • Dental exams prior to kidney transplantation	
In-network:	**$25 copay**
Non-Medicare-covered Dental Services (up to $1,500 per plan year) You pay the applicable cost-sharing amount for Non-Medicare-covered Dental Services and your plan will pay a maximum of $1,500 per contract year. You will be responsible for 100% of the cost for the rest of the year once the plan has paid the $1,500 maximum amount.	
Class 1:	**0% Coinsurance for class 1 Dental.**
Diagnostic and Preventive Services	
Emergency Pallative Treatment Radiographs	
Class 2:	**20% Coinsurance for class 2 Dental.**
Oral Surgery Services	
Endodontic	
Periodontics	
Restorative	
Non-Routine Services	
Class 3:	**50% Coinsurance for class 3 Dental.**
Prosthodontic	
Dentures	
Vision Services Exam to diagnose and treat diseases and conditions of the eye.	
In-network:	**$0 copay**
Eyewear After Cataract Surgery (Medicare-covered) One pair of eyeglasses or contact lenses after each cataract surgery.	

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In-network:	**$25 copay**
Eyewear (non-Medicare covered)	Get access to vision services beyond what Original Medicare covers, including a routine vision exam with an in-network provider. Plus, get a $150 allowance for eyewear.
Glaucoma Screening	
In-network:	**$0 copay**
Routine Eye Exam (1 exam per plan year)	
In-network:	**$0 copay**
MENTAL HEALTH CARE	
Outpatient Individual Mental Health Therapy Visit	
In-network:	**$40 copay**
Outpatient Group Mental Health Therapy Visit	
In-network:	**$40 copay**
Inpatient Mental Health Visit Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental 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. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days. (may require prior authorization)	
In-network:	• **$200 copay per day for days 1 through 6** • **$0 copay per day for days 7 through 90**
SKILLED NURSING FACILITIES	
Skilled Nursing Facility (SNF) Our plan covers up to 100 days in an SNF. (may require prior authorization)	

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In-network:	• **$0 copay per day for days 1 through 20** • **$188 copay per day for days 21 through 100**
PHYSICAL THERAPY	
Outpatient Physical Therapy (may require prior authorization)	
In-network:	**$40 copay**
TRANSPORTATION SERVICES	
Ambulance Authorization for non-emergency transportation by ambulance is required.	
In- and out-of-network emergent:	**$250 copay**
Out-of-network non-emergent:	**$250 copay**
Transportation (within the U.S. and it's territories)	**$0 copay for one follow-up office visit after every hospital discharge for members with Congestive Heart Failure or members with Chronic Obstructive Pulmonary Disease. All members are also covered for one trip to receive an Annual Wellness Visit. Authorization is required.**
Worldwide Emergency Transportation (outside the U.S. and it's territories	**$250 copay**
MEDICARE PART B DRUGS	
Medicare Part B Drugs such as Chemotherapy Drugs (may require prior authorization)	
In-network:	**20% of the cost**
Other Medicare Part B Drugs (may require prior authorization)	

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In-network:	**20% of the cost**

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PART D PRESCRIPTION DRUGS	
You pay the following until your total yearly drug costs reach $4,430. Total yearly drug costs are the total drug costs paid by both you and our Part D plan. Once you have reached this amount, you will move to the next stage (the Coverage Gap Stage).	
Costs may differ based on pharmacy type or status (e.g., mail order, long-term care (LTC) or home infusion, and 30 day or 90 day supply. You may get your drugs at network retail pharmacies and mail-order pharmacies. If you reside in a long-term care facility, you pay the same as at a retail pharmacy.	
Initial Coverage for Standard Retail Cost-Sharing	
Tier 1 - Preferred Generic	
30-day supply:	**$2 copay**
90-day supply:	**$6 copay**
Tier 2 - Generic	
30-day supply:	**$15 copay**
90-day supply:	**$45 copay**
Tier 3 - Preferred Brand	
30-day supply:	**$47 copay**
90-day supply:	**$141 copay**
Tier 4 - Non-Preferred Drug	
30-day supply:	**50% of the cost**
90-day supply:	**50% of the cost**
Tier 5 - Specialty Tier	
30-day supply:	**33% of the cost**
90-day supply:	**33% of the cost**

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Initial Coverage for Standard Mail-Order Cost-Sharing	
Tier 1 - Preferred Generic	
30-day supply:	**$2 copay**
90-day supply:	**$4 copay**
Tier 2 - Generic	
30-day supply:	**$15 copay**
90-day supply:	**$30 copay**
Tier 3 - Preferred Brand	
30-day supply:	**$47 copay**
90-day supply:	**$94 copay**
Tier 4 - Non-Preferred Drug	
30-day supply:	**50% of the cost**
90-day supply:	**50% of the cost**
Tier 5 - Specialty Tier	
30-day supply:	**33% of the cost**
90-day supply:	**33% of the cost**

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Coverage Gap	
Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in wh at you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $4,430.	
After you enter the coverage gap, for Tier 1, you continue to pay your copay; for Tiers 2-5 you pay 25% of the plan's cost for covered brand name drugs and 25% of the plan's cost for covered generic drugs until your costs total $7,050, which is the end of the coverage gap. Our plan offers additional gap coverage for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be $15 - $35 per month.	
Not everyone will enter the coverage gap.	
Catastrophic Coverage	
After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach $7,050, you pay the greater of: 5% of the cost, or $3.95 copay for generic (including brand drugs treated as generic) and a $ 9.85 copayment for all other drugs.	
ADDITIONAL BENEFITS	
Acupuncture (Covered for headache and neck pain) (Up to 15 visits per year)	
In-network:	**$0 copay**
Chemotherapy For Part B chemotherapy drugs. (may require prior authorization)	
In-network:	**20% of the cost**
Chiropractic Care Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position). (may require prior authorization)	
In-network:	**$15 copay**
Durable Medical Equipment	

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Wheelchairs, oxygen, etc. (may require prior authorization)	
In-network:	**0%-20% of the cost, depending on the supply**
Diabetes Monitoring Supplies Manufacturer (Abbott Laboratories) limitations apply only to Blood Glucose Meters and Strips, and these items have a member coinsurance of 0% in-network.	
In-network:	**0%-20% of the cost, depending on the supply**
Diabetes Self-Management Training	
In-network:	**$0 copay**
Foot Care (Podiatry Services) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.	
In-network:	**$50 copay**
Home Health Care	
In-network:	**$0 copay**
Hospice $0 copay for hospice care from a Medicare-certified hospice. You may have to pay part of the costs for drugs and respite care. Hospice is covered by Original Medicare. Please contact us for more details.	
In-network:	**$0 copay**
Outpatient Cardiac Rehabilitation Service For a maximum of two one-hour sessions per day for up to 36 sessions up to 36 weeks.	
In-network:	**$0 copay**
Outpatient Occupational Therapy Visit (may require prior authorization)	
In-network:	**$40 copay**

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Outpatient Speech and Language Therapy Visit (may require prior authorization)	
In-network:	**$40 copay**
Outpatient Substance Abuse Group Therapy Visit	
In-network:	**20% of the cost**
Outpatient Substance Abuse Individual Therapy Visit	
In-network:	**20% of the cost**
Outpatient Surgery at an Ambulatory Surgical Center (may require prior authorization)	
In-network:	**$200 copay**
Outpatient Surgery at an Outpatient Hospital (may require prior authorization)	
In-network:	**$200 copay**
Over-the-Counter Items	
In-network:	**Not Covered**
Prosthetic Devices and Related Medical Supplies Braces, Artificial Limbs, etc. (may require prior authorization)	
In-network:	**20% of the cost**
Renal Dialysis	
In-network:	**20% of the cost**
Therapeutic Shoes or Inserts for Diabetics	
In-network:	**20% of the cost**

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WELLNESS PROGRAMS	
***Be Fit* Fitness Benefit** Get paid back for a variety of fitness activities. You choose how you want to work out, and we pay you back up to $360 a year. Activities include the following and more: • Fitness class fees. • Gym memberships. • Online fitness subscriptions. • Weight loss subscriptions. • Ski memberships. • Rowing. • Golf. • Bowling. • Tennis. • Pickleball. • Recreational league fees. • Pool exercise classes. • 5k/10k race fees. If your fees are more than $360 a year, you pay the difference. If they're less, we pay you back the amount you paid. Be Fit doesn't cover fitness trackers, personal trainers or personal equipment.	
Wellness Rewards Program With our Wellness Rewards program, you have the opportunity to earn a $50 gift card for doing specified wellness activities based on a point system.	
Simplete plans are powered by Health Alliance Medicare - a Medicare Organization with a Medicare contract. Enrollment in a Simplete plans depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Health Alliance Simplete members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services. Other Pharmacies/Physicians/Providers are available in our network.	

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Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.	

ABOUT US

Health Alliance Medicare is part of a company that has served Illinois for over 35 years. We have more than 26,000 Medicare members.

True Service with a Local Touch

When you call, you speak with one of our helpful representatives, right in Champaign. They know our plans inside and out and can help you with the following.

- Answering your questions
- Signing you up for a seminar
- Arranging for someone to meet with you
- Enrolling you over the phone

Stop by weekdays from 8:30 a.m. to 4:30 p.m. in southwest Champaign. We're at 3301 Fields South Drive, Suite 105, right off Interstate 57 at the Curtis Road exit.

Some of Our Many Extra Perks and Programs

- Assist America global emergency services to help connect you to medical services while traveling, like helping replace lost prescriptions and getting you back home if you're sick
- 24-hour Nurse Advice Line to answer your health-related questions, day or night
- Be Fit fitness benefit to pay you back up to $360 per year for fitness activities
- Care coordination to help you deal with chronic conditions
- Health coaching to help you set and reach your health goals
- Get a 10% discount code for a wide variety of competitively priced over-the-counter (OTC) products with OTC4Me. You can order online or by phone, and all orders are shipped directly to you. Shipping is free on orders over $25.
- Connected to 24/7 help from veterinary technicians with WhiskerDocs. You can call, chat or e-mail with questions about your animals' health or well-being. The service helps with cats, dogs, birds, reptiles, and pocket pets (like rabbits or hamsters). About 60% of issues are taken care of over the phone without a visit to the veterinarian.
- Get up to 30 hours of in-home support yearly through Papa. Services include Companionship, transportation, technical support, light help around the house, light exercise and grocery shopping. You can receive in-home support services if you meet certain clinical criteria. An in-network doctor or licensed plan provider must request these services. Services are provided in two-hour increments.

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