simplete™

Simplete 2 (HMO)

2021 Summary of Benefits

January 1, 2021 – December 31, 2021

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
healthalliancemedicare.org

H1463_21_89523_M

This booklet gives you a summary of what our plans cover 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 plans.

- If you want to compare our plans 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)
- 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 plans have a large network of doctors, hospitals, pharmacies, and other providers to choose from.

With our POS plans, you must have a primary care provider (PCP) to oversee your care and refer you to the specialists, but you also have the flexibility to see out-of-network providers.

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

You can see our provider directory and pharmacy directory at our website (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 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 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, 2022.
- ☐ 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.

		Simplete 2 (HMO)
MONTHLY PREMIUM, DEDUCTIBLE AND LIMITS ON HOW MUCH YOU PAY		
Premium Each Month You must continue to pay your Medicare Part B premium.		**$28**
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		**$4,500**
In-network and Out-of-network providers		**Not Applicable**
COVERED MEDICAL AND HOSPITAL BENEFITS		
Inpatient Hospital Care (may require prior authorization) Our plan covers an unlimited number of days for an inpatient hospital stay. (may require prior authorization)		
Tier 1:		**• $200 copay per day for days 1 through 8** **• $0 copay per day for days 9 and beyond**
Tier 2 and Non-Medicare covered stay:		**• $250 copay per day for days 1 through 8** **• $0 copay per day for days 9 and beyond**
Out-of-network:		**Not Covered**
Outpatient Hospital Care (may require prior authorization)		
Tier 1:		**$100 copay**

		Simplete 2 (HMO)
Tier 2:		**20% of the cost**
Out-of-network:		**Not Covered**
DOCTOR VISITS		
Primary Care Physician Office Visits		
Tier 1:		**$5 copay**
Tier 2:		**$20 copay**
Out-of-network:		**Not Covered**
Specialist Office Visits		
Tier 1:		**$25 copay**
Tier 2:		**$40 copay**
Out-of-network:		**Not Covered**
Virtual Visits Our plan covers visits with a provider by phone or online, 24/7.		
Tier 1:		**$0 copay**
Tier 2:		**$0 copay**
Out-of-network:		**Not Covered**
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		

		Simplete 2 (HMO)
(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)		
Tier 1:		**$0 copay**
Tier 2:		**$0 copay**
Out-of-network:		**Not Covered**
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.		
Tier 1		**$90 copay**
Tier 2		**$90 copay**
Out-of-network:		**$90 copay**
Urgent Care Services		
Tier 1		**$40 copay**
Tier 2		**$40 copay**
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		
Tier 1:		**$0 copay for A1C lab test, $10 copay for other services**
Tier 2:		**20% of the cost**

		Simplete 2 (HMO)
Out-of-network:		**Not Covered**
Diagnostic Radiology (such as MRIs, CT scans)		
Tier 1:		**$50 copay**
Tier 2:		**$150 copay**
Out-of-network:		**Not Covered**
Outpatient X-rays (such as x-rays and ultrasounds)		
Tier 1:		**$10 copay**
Tier 2:		**20% of the cost**
Out-of-network:		**Not Covered**
HEARING, DENTAL AND VISION		
Diagnostic Hearing Exam (Exam to diagnose and treat hearing and balance issues)		
Tier 1:		**$25 copay**
Tier 2:		**$25 copay**
Out-of-network:		**Not Covered**
Routine Hearing Exam (Must be with a TruHearing® provider) (Copayment is not subject to the maximum out-of-pocket) (1 exam per year)		
Tier 1:		**$45 copay**
Tier 2:		**$45 copay**
Out-of-network:		**Not Covered**

		Simplete 2 (HMO)
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: • 3 provider visits within first year of hearing aid purchase • 45-day trial period • 3-year extended warranty • 48 batteries per aid		
Advanced:		**$699 copay per aid**
Premium:		**$999 copay per aid**
Medicare-covered Comprehensive Dental Services • 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		
Tier 1:		**$25 copay**
Tier 2:		**$25 copay**
Out-of-network:		**Not Covered**
Non-Medicare-covered Dental Services (up to $200 per plan year) Including, but not limited to: oral exam, cleaning, x-rays, fluoride treatment, fillings, dentures, denture adjustments and repairs, crowns, treatment for gum disease, bridge work, root canals, and extractions. You will be responsible for any cost above the $200 maximum benefit limit.		
Oral Exam, is applied to $200 maximum benefit limit:		**$0 copay**
Vision Services Exam to diagnose and treat diseases and conditions of the eye.		
Tier 1:		**$0 copay**
Tier 2:		**$25 copay**

		Simplete 2 (HMO)
Out-of-network:		**Not Covered**
Eyewear After Cataract Surgery One pair of eyeglasses or contact lenses after each cataract surgery.		
Tier 1:		**$25 copay**
Tier 2:		**$25 copay**
Out-of-network:		**Not Covered**
Glaucoma Screening		
Tier 1:		**$0 copay**
Tier 2:		**$0 copay**
Out-of-network:		**Not Covered**
Routine Eye Exam (1 exam per plan year)		
Tier 1:		**$0 copay**
Tier 2:		**$0 copay**
Out-of-network:		**Not Covered**
MENTAL HEALTH CARE		
Outpatient Individual Mental Health Therapy Visit		
Tier 1:		**$40 copay**
Tier 2:		**$40 copay**
Out-of-network:		**Not Covered**
Outpatient Group Mental Health Therapy Visit		

		Simplete 2 (HMO)
Tier 1:		**$40 copay**
Tier 2:		**$40 copay**
Out-of-network:		**Not Covered**
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)		
Tier 1:		**• $200 copay per day for days 1 through 6** **• $0 copay per day for days 7 through 90**
Tier 2:		**• $250 copay per day for days 1 through 6** **• $0 copay per day for days 7 through 90**
Out-of-network:		**Not Covered**
SKILLED NURSING FACILITIES		
Skilled Nursing Facility (SNF) Our plan covers up to 100 days in an SNF. (may require prior authorization)		
Tier 1:		**• $0 copay per day for days 1 through 20** **• $178 copay per day for days 21 through 100**
Tier 2:		**• $0 copay per day for days 1 through 20** **• $178 copay per day for days 21 through 100**
Out-of-network:		**Not Covered**
PHYSICAL THERAPY		
Outpatient Physical Therapy (may require prior authorization)		

		Simplete 2 (HMO)
Tier 1:		**$40 copay**
Tier 2:		**$40 copay**
Out-of-network:		**Not Covered**
TRANSPORTATION SERVICES		
Ambulance Authorization for non-emergency transportation by ambulance is required.		
Tier 1 and Tier 2 emergent:		**$220 copay**
Out-of-network non-emergent:		**$220 copay**
Transportation (within the U.S. and it's territories)		**Not Covered**
Worldwide Emergency Transportation (outside the U.S. and it's territories)		**$220 copay**
MEDICARE PART B DRUGS		
Medicare Part B Drugs such as Chemotherapy Drugs (may require prior authorization)		
Tier 1:		**20% of the cost**
Tier 2:		**20% of the cost**
Out-of-network:		**Not Covered**
Other Medicare Part B Drugs (may require prior authorization)		

		Simplete 2 (HMO)
Tier 1:		**20% of the cost**
Tier 2:		**20% of the cost**
Out-of-network:		**Not Covered**

	Simplete 2 (HMO)

PART D PRESCRIPTION DRUGS

You pay the following until your total yearly drug costs reach $4,130. 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 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**

		Simplete 2 (HMO)
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**

		Simplete 2 (HMO)
Coverage Gap		
Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what 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 $4,130. After you enter the coverage gap, 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 $6,550, which is the end of the coverage gap. Our plan offers additional coverage through the gap for select insulins. During the Coverage Gap stage, your out-of-pocket costs for select insulins will be $2 - $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 $6,550, you pay the greater of: 5% of the cost, or $3.70 copay for generic (including brand drugs treated as generic) and a $9.20 copayment for all other drugs.		
ADDITIONAL BENEFITS		
Acupuncture (Covered for headache and neck pain) (Up to 15 visits per year)		
Tier 1:		**$5 copay**
Tier 2:		**$5 copay**
Out-of-network:		**Not Covered**
Chemotherapy For Part B chemotherapy drugs. (may require prior authorization)		
Tier 1:		**20% of the cost**
Tier 2:		**20% of the cost**
Out-of-network:		**Not Covered**
Chiropractic Care		

		Simplete 2 (HMO)
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)		
Tier 1:		**$15 copay**
Tier 2:		**$20 copay**
Out-of-network:		**Not Covered**
Durable Medical Equipment Wheelchairs, oxygen, etc. (may require prior authorization)		
Tier 1:		**0%- 20% of the cost, depending on the supply**
Tier 2:		**0%- 20% of the cost, depending on the supply**
Out-of-network:		**Not Covered**
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.		
Tier 1:		**0%-20% of the cost, depending on the supply**
Tier 2:		**0%-20% of the cost, depending on the supply**
Out-of-network:		**Not Covered**
Diabetes Self-Management Training		
Tier 1:		**$0 copay**
Tier 2:		**$0 copay**
Out-of-network:		**Not Covered**
Foot Care (Podiatry Services) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions.		

		Simplete 2 (HMO)
Tier 1:		**$50 copay**
Tier 2:		**$50 copay**
Out-of-network:		**Not Covered**
Home Health Care		
Tier 1:		**$0 copay**
Tier 2:		**$0 copay**
Out-of-network:		**Not Covered**
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.		
Tier 1:		**$0 copay**
Tier 2:		**$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.		
Tier 1:		**$0 copay**
Tier 2:		**$0 copay**
Out-of-network:		**Not Covered**
Outpatient Occupational Therapy Visit (may require prior authorization)		
Tier 1:		**$40 copay**
Tier 2:		**$40 copay**

		Simplete 2 (HMO)
Out-of-network:		**Not Covered**
Outpatient Speech and Language Therapy Visit (may require prior authorization)		
Tier 1:		**$40 copay**
Tier 2:		**$40 copay**
Out-of-network:		**Not Covered**
Outpatient Substance Abuse Group Therapy Visit		
Tier 1:		**20% of the cost**
Tier 2:		**20% of the cost**
Out-of-network:		**Not Covered**
Outpatient Substance Abuse Individual Therapy Visit		
Tier 1:		**20% of the cost**
Tier 2:		**20% of the cost**
Out-of-network:		**Not Covered**
Outpatient Surgery at an Ambulatory Surgical Center (may require prior authorization)		
Tier 1:		**$100 copay**
Tier 2:		**20% of the cost**
Out-of-network:		**Not Covered**
Outpatient Surgery at an Outpatient Hospital (may require prior authorization)		

		Simplete 2 (HMO)
Tier 1:		**$100 copay**
Tier 2:		**20% of the cost**
Out-of-network:		**Not Covered**
Over-the-Counter Items		
Tier 1:		**Not Covered**
Tier 2:		**Not Covered**
Out-of-network:		**Not Covered**
Prosthetic Devices and Related Medical Supplies Braces, Artificial Limbs, etc. (may require prior authorization)		
Tier 1:		**20% of the cost**
Tier 2:		**20% of the cost**
Out-of-network:		**Not Covered**
Renal Dialysis		
Tier 1:		**20% of the cost**
Tier 2:		**20% of the cost**
Out-of-network:		**Not Covered**
Therapeutic Shoes or Inserts for Diabetics		
Tier 1:		**20% of the cost**
Tier 2:		**20% of the cost**
Out-of-network:		**Not Covered**

	Simplete 2 (HMO)
WELLNESS PROGRAMS	
***Be Fit* Fitness Benefit** Reimbursement for gym membership or individual fitness class fees: Up to $360/year • Can submit receipts monthly, quarterly or at the end of the year • Does not apply to out-of-pocket maximum	
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 plan depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Health Alliance Medicare 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. 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 Anytime Nurse Line to answer your health-related questions, day or night
- Be Fit fitness benefit to pay you back up to $360 per year for gym membership or fitness class fees
- Care coordination to help you deal with chronic conditions
- Health coaching to help you set and reach your health goals

Call 1-877-634-3390 (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.