

Great Plains Medicare Advantage (HMO I-SNP)

Great Plains Medicare Advantage (HMO I-SNP) H8967-001

SUMMARY OF BENEFITS

January 1, 2025 - December 31, 2025

This is a summary of drug and health services covered by Great Plains Medicare Advantage (HMO I-SNP).

Great Plains Medicare Advantage (HMO I-SNP) is a Medicare Advantage HMO Plan (HMO stands for Health Maintenance Organization) with a Medicare contract. Enrollment in the Plan depends on contract renewal.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please call our customer service and request the “Evidence of Coverage” or access it online at www.greatplainsmedicareadvantage.com.

To Reach Our Customer Services Representatives:

- Current members please call 1-844-637-4760 (TTY 1-888-279-1549) for more information.
- Prospective members please call 1-888-605-9277.
- For Medicare Part D drug coverage information, call 1-844-642-9090.
- Hours of operation: 8 a.m. to 8 p.m., seven days a week (except Thanksgiving and Christmas) from October 1st through March 31st, and Monday to Friday (except holidays) from April 1st through September 30th.

If you call after business hours, you may leave a message that includes your name, phone number and the time you called, and a representative will return your call no later than one business day after you leave a message. Customer Service also has free language interpreter services available for non-English speakers.

To join Great Plains Medicare Advantage (HMO I-SNP) you must:

- be entitled to Medicare Part A,
- *and* be enrolled in Medicare Part B,
- *and* live in our service area,
- *and* reside in one of our participating basic care or assisted living communities and meet a nursing facility level of care, or nursing facilities for greater than 90 days. The plan's Provider Directory has a list of participating assisted living communities or nursing facilities; you can access this list on our website www.greatplainsmedicareadvantage.com or call Member Services and ask us to send you a list.

The service area includes these counties in:

- **Nebraska:** Adams, Antelope, Boone, Buffalo, Burt, Butler, Cass, Cedar, Clay, Colfax, Cuming, Custer, Dakota, Dixon, Dodge, Douglas, Fillmore, Furnas, Gage, Hall, Hamilton, Harlan, Holt, Howard, Jefferson, Kearney, Knox, Lancaster, Madison, Merrick, Nance, Nemaha, Nuckolls, Otoe, Phelps, Pierce, Platte, Polk, Sarpy, Saunders, Seward, Sherman, Stanton, Valley, Washington, Wayne, Webster, and York.
- **North Dakota:** Barnes, Burleigh, Cass, Dickey, Grand Forks, Hettinger, McLean, McHenry, Morton, Nelson, Ramsey, Ransom, Renville, Richland, Stutsman, Traill, Walsh, and Ward.
- **South Dakota:** Bon Homme, Charles Mix, Custer, Day, Deuel, Douglas, Hand, Kingsbury, Lincoln, McCook, Meade, Miner, Minnehaha, Pennington, Tripp, Turner, and Union.

Great Plains Medicare Advantage has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

This document is also available in Braille and in large print.

Benefits, premium, deductible, and/or copayments (copay)/coinsurance may change on January 1 of each year.

Limitations, copays, and restrictions may apply.

You must continue to pay your Medicare Part B premium.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You 2024" handbook. View it online at <https://www.medicare.gov> or 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.

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

Benefits and Premiums	You Pay
* Referral required + Your provider must obtain prior authorization from our plan	
Monthly Plan Premium	\$50.60 You must continue to pay the Medicare Part B premium.
Deductible	The Part B deductible was \$240. This is the 2024 cost-sharing amount and may change in 2025. Great Plains Medicare Advantage (HMO I-SNP) will provide updated rates as soon as they are released. The Part A deductible was \$1,632. This is the 2024 cost-sharing amount and may change in 2025. Great Plains Medicare Advantage (HMO I-SNP) will provide updated rates as soon as they are released.
Maximum Out-of-Pocket Amount <i>Does Not Include Part D Prescription Drugs</i>	\$9,350 per year
Inpatient Hospital Coverage+	\$1,632 deductible for each benefit period. Days 1-60: \$0 copay for each benefit period. Days 61-90: \$408 copay per day of each benefit period. Days 91 and beyond: \$816 copay for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs.
Outpatient Hospital Services+	20% of the total cost per visit
Outpatient Hospital Observation Services	\$100 copay per stay
Ambulatory Surgical Center (ASC) Services+	20% of the total cost per visit
Doctor Visits Primary Care Providers Specialists	\$0 copay per visit 20% of the total cost per visit

Benefits and Premiums	You Pay
<p>Preventive Care Such as immunizations, wellness visits, and diabetic screenings. See your Evidence of Coverage for a full list of covered services.</p>	<p>\$0 copay per visit</p>
<p>Emergency Care</p>	<p>\$90 copay per visit <i>ER cost sharing is waived if you are admitted to the hospital within 3 days for the same condition.</i></p>
<p>Urgently Needed Services</p>	<p>20% of the total cost, up to a \$45 maximum per visit <i>Urgently needed care services cost sharing is waived if you are admitted to the hospital within 3 days for the same condition.</i></p>
<p>Diagnostic Services / Labs / Imaging+ Diagnostic Tests and Procedures</p>	<p>20% of the total cost <i>Prior authorization is required for outpatient diagnostic procedures and tests.</i></p>
<p>Lab Services</p>	<p>\$0 copay per visit <i>Prior authorization is required for outpatient lab services.</i> <i>No authorization required for lab services rendered in any place of service, except for Genetic Testing, which does require authorization.</i></p>
<p>Diagnostic Radiology Services (e.g. MRI, CAT Scan)</p>	<p>20% of the total cost <i>Prior authorization is required for outpatient diagnostic radiology services.</i></p>
<p>Therapeutic Radiology Services</p>	<p>20% of the total cost per visit <i>Prior authorization is required for outpatient therapeutic radiology services.</i></p>
<p>Outpatient X-rays</p>	<p>20% of the total cost per visit <i>Authorization only required for high-end imaging.</i></p>

Benefits and Premiums	You Pay
<p>Hearing Services</p> <p>Medicare-Covered Hearing Exam</p> <p><i>Supplemental Benefits</i></p> <p>Routine Hearing Exam</p> <p>Hearing Aids</p>	<p>20% of the total cost per visit</p> <p>\$0 copay for 1 routine hearing exam every year, unlimited fitting and evaluation for hearing aids.</p> <p>Hearing aid fitting/evaluation: unlimited visits every year</p> <p>\$2,000 maximum plan coverage amount every year (for both ears combined) for prescription hearing aids.</p>
<p>Dental Services</p> <p>Medicare-Covered Dental Services</p> <p><i>Supplemental Benefits</i></p> <p>Preventive Dental Services</p> <p>Comprehensive Dental Services</p> <p>Dentures</p>	<p>20% of the total cost per visit</p> <p>\$0 copay for the following preventive dental services:</p> <ul style="list-style-type: none"> • 2 oral exams every year • 2 cleanings every year • 1 bitewing x-ray per year; 1 full mouth x-ray every 5 years. <p>20% of the total cost</p> <p>\$2,475 maximum plan coverage amount every year for non-Medicare-covered comprehensive dental services.</p> <p><u>Comprehensive Dental Services</u> include –</p> <p>Restorative Service: \$975 Limit for Non-Routine Services, Diagnostic Services, Restorative Services, Endodontics, Periodontics, and Extractions.</p> <p>Endodontics: unlimited visits every year</p> <p>Periodontics: unlimited visits every year</p> <p>1 visit; a \$1,500 limit may be used towards services related to the provision of dentures, covering one set of dentures every two years.</p>

Benefits and Premiums	You Pay
<p>Vision Care Medicare-Covered Eye Exams</p> <p><i>Supplemental Benefits</i> Routine Eye Exam</p> <p><u>Eyewear:</u> Eyeglasses & Contacts (lenses and frames), Upgrades</p>	<p>20% of the total cost</p> <p>\$0 copay for one routine eye exam every year</p> <p>Contact lenses are in lieu of eyeglasses (lenses and frames) and \$100 allowance applies to fitting evaluation and contacts. Visually Necessary contact lenses are covered in full in lieu of glasses.</p> <p>All base eyeglass lenses (single vision, lined bifocal, lined trifocal, and lenticular) and frames are covered in full (\$300 allowance). Upgrades: Standard progressives are covered in full.</p>
<p>Mental Health Services+ Inpatient Psychiatric</p> <p>Outpatient Individual Visits</p> <p>Outpatient Group Therapy Visits</p>	<p>\$1,632 deductible for each benefit period. Days 1-60: \$0 copay for each benefit period. Days 61-90: \$408 copay per day of each benefit period. Days 91 and beyond: \$816 copay for each “lifetime reserve day” after day 90 for each benefit period (up to 60 days over your lifetime). Beyond lifetime reserve days: all costs.</p> <p>20% of the total cost per visit</p> <p>20% of the total cost per visit</p>
<p>Ambulance Services Ground Ambulance</p>	<p>20% of the total cost per trip</p>
<p>Air Ambulance</p>	<p>20% of the total cost per trip</p>
<p>Foot Care (Podiatry Services) Foot exams and treatment</p> <p><i>Supplemental benefits</i> Routine Foot Care</p>	<p>20% of the total cost for Medicare-Covered services, diabetic foot care.</p> <p>\$0 copay for 6 routine foot care visits per year.</p>
<p>Cardiac Rehab</p>	<p>20% of the total cost</p>
<p>Pulmonary Rehab</p>	<p>20% of the total cost</p>

Benefits and Premiums	You Pay
Occupational Therapy	20% of the total cost
Physical Therapy	20% of the total cost
Speech Therapy	20% of the total cost
Transportation (Additional Routine)	\$0 copay for 28 one-way trips every year to plan-approved health-related locations
Skilled Nursing Facility (SNF) Care	<p>You pay the 2025 Original Medicare cost-sharing amounts. These are the 2024 cost-sharing amounts and may change for 2025.</p> <p>Days 1-20: \$0 copay for each benefit period.</p> <p>Days 21-100: \$204 copay per day of each benefit period.</p> <p>Days 101 and beyond: all costs.</p> <p><i>No prior authorization required for Medicare-covered SNF stays.</i></p>
Medicare Part B Prescription Drugs Chemotherapy Drugs Other Part B Drugs	<p>0% to 20% of the total cost</p> <p>0% to 20% of the total cost</p> <p>0% coinsurance applies to rebatable drugs under the IRA, 20% applies in all other cases.</p> <p><i>Prior authorization is required for some medications.</i></p>
Outpatient Prescription Drugs Deductible	\$590 for all Part D drugs.
Cost-sharing for Covered Drugs	<p><u>Standard Retail Cost-Sharing</u> 30 day supply: 25% of the total cost</p> <p><u>Long-Term Care (LTC) Cost-sharing</u> 31 day supply: 25% of the total cost</p>
Catastrophic Coverage	After your yearly out-of-pocket drug costs (including drugs purchased through retail pharmacy or mail order) reach \$2,000, you pay nothing for covered Part D drugs.
	Cost-sharing may differ based on point-of-service (retail, Long Term Care (LTC)), home infusion, whether the pharmacy is in our standard network, or whether the prescription is a short-term supply (30-days) or long-term supply (100-days).

Benefits and Premiums	You Pay
	<p>Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.</p> <p>You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on, even if you haven't paid your deductible.</p>

Non-discrimination notice

Sanford Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law. Sanford Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex (including pregnancy, sexual orientation, and gender identity), or any other classification protected under the law.

Sanford Health Plan:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages
- If you need these services, please call us:
 - Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549)
 - Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549)Our customer service lines are available 8 a.m. to 8 p.m. CST, 7 days a week, October 1-March 31 except on Christmas and Thanksgiving, and Monday through Friday all other dates except on federal holidays.

If you believe that Sanford Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, and gender identity), you can file a grievance with the Section 504 Coordinator at:

Mailing Address: Section 504 Coordinator, 2301 E. 60th Street, Sioux Falls, SD 57103
Telephone number: (877) 473-0911 (TTY: 711)
Fax: (605) 312-9886
Email: shpcompliance@sanfordhealth.org

You can file a grievance in person or by phone, mail, fax, or email. If you need help filing a grievance, the Section 504 Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
(800) 368-1019, (800) 537-7697 (TDD)

Complaint forms are available at:

<http://www.hhs.gov/ocr/office/file/index.html>.



Help in Other Languages

For help in any language other than English, call Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Arabic - ملحوظة: إذا كنت تتحدث انكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم (844) 637-4760: Great Plains Medicare Advantage (رقم هاتف الصم والبكم: (888) 279-1549) Align Medicare Advantage (رقم هاتف الصم والبكم: (888) 278-6485) ((888) 279-1549)

Amharic - ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ። Great Plains Medicare Advantage: (844) 637-4760 (መስማት ለተሳናቸው: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (መስማት ለተሳናቸው: (888) 279-1549).

Chinese - 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549) 。

Cushite (Oromo) - XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

German - ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Hmong - LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Karen - ၵပ်သိုက်ၵပ်သီး- နမ့်ကတိၵ် ကညိ ကိုက်အသိ, နမၤန့ၢ် ကိုက်အတၢ်မၤတၢ်လၢ တလၢၢ်ဘျီလၢၢ်တၢ်နီၣ်တမံၤဘျီသ့န့ၢ်လီၤ. ကိး Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Korean - 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549) 번으로 전화해 주십시오.

Laotian - ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການ ຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທສ Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

French - ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Great Plains Medicare Advantage: (844) 637-4760 (ATS: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (ATS: (888) 279-1549).

Russian - ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните Great Plains Medicare Advantage: (844) 637-4760 (телетайп: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (телетайп: (888) 279-1549).

Spanish - ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Tagalog - PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Thai - เรียบน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้ บริการช่วยเหลือทางภาษาได้ ฟรี โทร Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

Vietnamese - CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số Great Plains Medicare Advantage: (844) 637-4760 (TTY: (888) 279-1549); Align Medicare Advantage: (888) 278-6485 (TTY: (888) 279-1549).

