Great Plains Medicare Advantage

Great Plains Medicare Advantage (HMO I-SNP) H1787-001
Great Plains Medicare Advantage Gold (HMO I-SNP) H1787-002

SUMMARY OF BENEFITS

January 1, 2027 - December 31, 2027

This booklet gives you a summary of drug and health services covered by Great Plains Medicare Advantage for Great Plains Medicare Advantage (HMO I-SNP) and Great Plains Medicare Advantage Gold (HMO I-SNP). It is an overview of what we cover and what you pay. The benefit information provided 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 Customer Service and request the "Evidence of Coverage" or access it online at greatplainsmedicareadvantage.com.

Great Plains Medicare Advantage is an HMO I-SNP plan with a Medicare contract. Enrollment in Great Plains Medicare Advantage depends on contract renewal.

To Reach a Customer Service Representative:

- Current members please call (877) 492-5189 (TTY: 711) for more information.
- Prospective members please call (877) 701-0784 (TTY: 711).
- For Medicare Part D drug coverage information, call (855) 800-8872.
- Hours are 7 days a week, 8 a.m. to 8 p.m., Oct. 1-March 31; and Monday through Friday, 8 a.m. to 8 p.m., April 1-Sept. 30. This call is free.

  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 you must:

- be entitled to Medicare Part A,
- *and* be enrolled in Medicare Part B,
- *and* live in our service area.

The Great Plains Medicare Advantage service area includes these counties in:

- **Iowa**: Fremont, Harrison, Lyon, Mills, Montgomery, Plymouth, Pottawattamie, and Shelby.
- **North Dakota**: Barnes, Burleigh, Cass, Dickey, Grand Forks, Hettinger, McHenry, McLean, Morton, Nelson, Ramsey, Ransom, Renville, Richland, Stark, Stutsman, Traill, Walsh, and Ward.
- **South Dakota**: Bon Homme, Brookings, Charles Mix, Codington, Custer, Davison, Day, Deuel, Douglas, Hand, Kingsbury, Lawrence, Lincoln, McCook, Meade, Miner, Minnehaha, Moody, Pennington, Roberts, 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. Please note out-of-network/non-contracted providers are under no obligation to treat Great Plains Medicare Advantage members, except in emergency situations.

- You can choose from network pharmacies to fill your prescriptions for covered Part D drugs.
- You can see our plan's provider directory at greatplainsmedicareadvantage.com.
- You can see our plan's pharmacy directory at our website greatplainsmedicareadvantage.com/member-resources.
- Or call us and we will send you a copy of the provider and pharmacy directories. The pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

For coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 7 days a week, 24 hours a day. TTY users should call 1-877-486-2048.

This document is available in other formats such as Braille and large print. This document may be available in a non-English language. For additional information, call the Customer Service number.

Medicare-covered Services

Benefits and Premiums	Great Plains Medicare Advantage In-network costs	Great Plains Medicare Advantage Gold In-network costs
+ Your provider must obtain prior authorization from our plan.		
Monthly Plan Premium You must continue to pay your Medicare Part B premium.	$5	$106
Deductible Medical Part D Prescription Drugs	 Medicare defined deductible applies $700	 No medical deductible $300
Maximum Out-of-Pocket Amount *Does not include costs related to prescription drugs*	$9,850	$3,750
Inpatient Hospital Coverage+	This is the 2026 cost-sharing amount and may change in 2027. $1,736 deductible for each benefit period. Days 1-60: $0 copay/day Days 61-90: $434 copay/day Days 91- discharge: $868 copay/day	Days 1-5: $300 copay/day Days 6-discharge: $0 copay/day
Outpatient Hospital Services+	20% coinsurance	$0-$200 copay
Outpatient Hospital Observation Services+	20% coinsurance	$0-$200 copay
Ambulatory Surgical Center (ASC) Services+	Deductible, 20% coinsurance	$0-$200 copay
Doctor Visits Primary Care Providers Specialists	 $0 copay Deductible, 20% coinsurance	 $0 copay $30 copay
Preventive Care Such as immunizations, wellness visits, and diabetic screenings. See your Evidence of Coverage for a full list of covered services.	Covered in full	Covered in full

Benefits and Premiums	Great Plains Medicare Advantage In-network costs	Great Plains Medicare Advantage Gold In-network costs
Emergency Care	$90 copay	$90 copay
Urgently Needed Services	20% coinsurance; maximum $40	$0 copay primary care $30 copay specialist
Diagnostic Services, Labs, and Imaging+ Lab Services+ Diagnostic Tests and Procedures+ Diagnostic Radiology Services (e.g. MRI, CAT Scan) + Therapeutic Radiology Services+ Outpatient X-rays+	Deductible applies to all of the following: 20% coinsurance $0 copay 20% coinsurance 20% coinsurance 20% coinsurance	 20% coinsurance $0 copay $0-$50 copay 20% coinsurance $10 copay
Hearing Services Medicare-Covered Hearing Exam *See supplemental services below for additional information*	Deductible, 20% coinsurance	$30 copay
Dental Services Medicare-Covered Dental Services *See supplemental services below for additional information*	20% coinsurance	$30 copay
Vision Care Medicare-Covered Eye Exams *See supplemental services below for additional information*	Deductible, 20% coinsurance	$30 copay

Benefits and Premiums	Great Plains Medicare Advantage In-network costs	Great Plains Medicare Advantage Gold In-network costs
Mental Health Services Inpatient Psychiatric+	This is the 2026 cost-sharing amount and may change in 2027. $1,736 deductible for each benefit period. Days 1-60: $0 copay Days 61-90: $434 copay Days 91+: $868 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.	Days 1-5: $300 copay/day Days 6-discharge: $ 0 copay/day
Outpatient individual/group therapy visits (non-psychiatrist).	Deductible, 20% coinsurance	$30 copay
Outpatient individual/group therapy visits with a psychiatrist.	Deductible, 20% coinsurance	$30 copay
Ambulance Services (+non-emergent transport) Ground Ambulance	20% coinsurance	$150 copay
Air Ambulance	20% coinsurance	20% coinsurance
Skilled Nursing Facility+	You pay the 2027 Original Medicare cost-sharing amounts. These are the 2026 cost-sharing amounts and may change for 2027. Days 1-20: $0 Days 21-100: $217 copay/day Days 101 and beyond: You pay all costs.	Days 1-20: $0 copay Days 21-100: $100 copay/day
Outpatient Rehabilitation Services Physical/Speech Therapy	Deductible, 20% coinsurance	$0 copay
Occupational Therapy	Deductible, 20% coinsurance	$0 copay
Cardiac rehabilitation	Deductible, 20% coinsurance	$30 copay

Benefits and Premiums	Great Plains Medicare Advantage In-network costs	Great Plains Medicare Advantage Gold In-network costs
Acupuncture for chronic low back pain	Deductible, 20% coinsurance	$20 copay
Chiropractic Services	Deductible, 20% coinsurance	$20 copay
See supplemental services below for additional information		
Diabetes self-monitoring training, supplies, and services+		
Self-Management Training	Deductible, $0 copay	Covered in full
Diabetic Supplies+	Deductible, 20% coinsurance	20% coinsurance
Diabetic Monitors+	Deductible, 20% coinsurance	20% coinsurance
Diabetic shoes/inserts+	Deductible, 20% coinsurance	20% coinsurance
Durable Medical Equipment and Supplies+		
Equipment+	Deductible, 20% coinsurance	20% coinsurance
Medical Supplies+	Deductible, 20% coinsurance	20% coinsurance
Podiatry	Deductible, 20% coinsurance	0%-20% coinsurance
See supplemental services below for additional information		
Medicare Part B Prescription Drugs+*		
Insulin	0%-20% coinsurance; $35 maximum	0%-20% coinsurance; $35 maximum
Part B covered drugs and biologicals, including chemotherapy drugs+	0%-20% coinsurance	0%-20% coinsurance
	Medicare identifies Part B “rebatable” drugs that have a price increasing at a rate higher than the rate of inflation. Your cost for Part B rebatable drugs is limited to the cost under Original Medicare and will be no more than 20% coinsurance. However, your cost could change each quarter and will be between $0 and 20%. Medicare will notify Align powered by Sanford Health Plan of your cost for these drugs on a quarterly basis. **Select Part B drugs are subject to step therapy restrictions.*	

Supplemental Benefits (Non-Medicare Covered Services)

Our plan offers these supplemental benefits. Refer to the Evidence of Coverage for full details.

Supplemental Benefits	Great Plains Medicare Advantage In-network costs	Great Plains Medicare Advantage Gold In-network costs
Chiropractic	$0 copay for 12 routine chiropractic care visits per year.	$30 copay for 12 routine chiropractic care visits per year.
Dental Services Preventive: 2 exams, 2 cleanings, 1 fluoride treatment, 1 series bitewing x-ray per year (full mouth x-ray covered 1 every 5 years	Not covered	$0 copay
Comprehensive: Non-Routine Services, Diagnostic Services, Restorative Services, Endodontics, Periodontics, and Extractions. Endodontics and Periodontics: unlimited visits every year up to limit Prosthodontic services: services related to the provision of dentures, covering one set of dentures every two years.	Not covered	Up to $500 for non-routine services and up $1,500 for prosthodontic services

Supplemental Benefits	Great Plains Medicare Advantage In-network costs	Great Plains Medicare Advantage Gold In-network costs
Hearing Services Routine hearing exam (non-Medicare) Fitting/evaluation for hearing aids (non-Medicare) Prescription hearing aids	$0 annual exam No charge Up to $2,000 toward the cost of 2 non-implantable hearing aids from the applicable TruHearing catalog; limit 1 hearing aid per ear	$0 annual exam No charge Up to $2,000 toward the cost of 2 non-implantable hearing aids from the applicable TruHearing catalog; limit 1 hearing aid per ear
Podiatry	$0 copay for 6 routine foot care visits per year.	$0 copay for 6 routine foot care visits per year.
Transportation	No charge; limited to 9 one-way trips	No charge; limited to 12 one-way trips
Vision Services Routine eye exam Eyewear - Glasses/frames *OR* Contacts Standard progressive lenses	$0 annual exam $300 for frames *OR* $100 for contacts Covered in full	$0 annual exam $300 for frames *OR* $100 for contacts Covered in full

Part D Prescription Drugs

There are three stages of cost sharing in the Part D benefit – deductible, initial coverage, and catastrophic coverage. Cost sharing changes when you enter each stage of the Part D benefit.

Deductible Stage: You pay the full cost of your covered prescription drugs in Tiers 3, 4, and 5 until you have reached your plan's deductible and then move to the Initial Coverage State. For Tiers 1, 2, and 6 you start immediately in the Initial Coverage Stage.

Initial Coverage Stage: After you meet the deductible, you pay a copayment or coinsurance for covered drugs. You pay your portion and stay in this stage until your out-of-pocket costs reach $2,400. If the cost of your drug is less than the listed copay, you will only pay the lower amount.

Catastrophic Coverage Stage: During this stage, you pay nothing for covered Part D drugs. You stay in this stage until the end of the year.

Covered Insulin Products: You pay no more than **$35 for a one-month supply** of each covered insulin product under your Part D prescription drug benefit in tier 3 and 4. The plan deductible does not apply to covered insulin products.

Part D Prescription Drugs	**Great Plains Medicare Advantage – $700 Deductible** In-network standard retail and long-term cost sharing			
Tier	**34 days**	**35 to 68 days**	**69 to 102 days**	**Long Term Care/34 days**
All tiers	25% coinsurance			
	Our plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible.			

Part Prescription Drugs	**Great Plains Medicare Advantage Gold – $300 Deductible** In-network standard retail and long-term cost sharing				
Tier	**Deductible applies**	**34 days**	**35 to 68 days**	**69 to 102 days**	**Long Term Care/31 days**
Tier 1: Preferred generic drugs	No	$0 copay	$0 copay	$0 copay	$0 copay
Tier 2: Generic drugs	No	$8 copay	$16 copay	$24 copay	$8 copay
Tier 3: Preferred brand drugs	Yes	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance
Tier 4: Non-preferred drugs	Yes	30% coinsurance	30% coinsurance	30% coinsurance	30% coinsurance
Tier 5: Specialty drugs	Yes	30% coinsurance	-	-	30% coinsurance
Tier 6: Select care drugs	No	$0 copay	$0 copay	$0 copay	$0 copay