Great Plains Medicare Advantage

Great Plains Medicare Advantage (HMO I-SNP) H7511-003
Great Plains Medicare Advantage Gold (HMO I-SNP) H7511-004

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:

- **Nebraska:** Adams, Antelope, Boone, Boyd, Brown, Buffalo, Burt, Butler, Cass, Cedar, Clay, Colfax, Cuming, Custer, Dakota, Dixon, Dodge, Douglas, Fillmore, Franklin, Furnas, Gage, Gosper, Hall, Hamilton, Harlan, Holt, Howard, Jefferson, Johnson, Kearney, Knox, Lancaster, Madison, Merrick, Nance, Nemaha, Nuckolls, Otoe, Pawnee, Phelps, Pierce, Platte, Polk, Rock, Saline, Sarpy, Saunders, Seward, Sherman, Stanton, Valley, Washington, Wayne, Webster, and York.

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.	$24.60	$119
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+: $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 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

Benefits and Premiums	Great Plains Medicare Advantage In-network costs	Great Plains Medicare Advantage Gold In-network costs
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
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 copay 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
Acupuncture for chronic low back pain	Deductible, 20% coinsurance	$20 copay

Benefits and Premiums	Great Plains Medicare Advantage In-network costs	Great Plains Medicare Advantage Gold In-network costs
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+	20% coinsurance	20% coinsurance
Medical Supplies+	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	Great Plains Medicare Advantage Gold
	In-network costs	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 2 exams, 2 cleanings, 1 fluoride treatment, 1 series bitewing x-ray per year (full mouth x-ray covered 1 every 5 years)
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 11 one-way trips	$0 copay; limited to 24 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