



Member Guide

2025 Simpra Advantage Nursing Home Plan PPO I-SNP

SimpraAdvantage
Alabama's Healthplan

Welcome!

Hello New Simpra Advantage Member!

Welcome Simpra Advantage Nursing Home Plan (PPO I-SNP) Member! Thank you for choosing Simpra Advantage. We were created in Alabama for Alabama by local healthcare providers, many of which are family-owned businesses. Together, they recognized the need for better health care plans to meet the special needs of their patients and the community.

In this Member Guide, we've gathered resources and information you may need to help you make the most of your health plan like how to reach us, important next steps, and benefit highlights. **Let's get started!**

We're here to help

IMPORTANT: If you would like your representative to talk to Simpra Advantage for you about your health or your Plan, we need your permission. Fill out the [Release of Information Form at the end of this guide](#), scan it or take a picture of it with your phone, and send the image to customerservice@simpra.com.

Member Services 1-844-637-4770 (TTY/TDD 1-833-312-0044)

8 am – 8 pm local time, 7 days a week (October through March) and 5 days a week (April through September). The call center is closed for Memorial Day, Independence Day, Labor Day, Thanksgiving, and Christmas.

Compliance 1-833-416-5035 (toll free hotline) or compliance@simpra.com

Contact us with questions about our privacy policy, HIPAA, Fraud, Waste, and Abuse or other related concerns. Your call will remain anonymous if you wish.

Appeals and Grievances 1-844-637-4770 (TTY/TDD 1-833-312-0044)

Contact us with questions or concerns.

Visit Simpra.com

Find a Provider or Pharmacy: <https://simpra.com/find-a-provider>

Find a Drug: <https://formulary.simpra.com>

Member Information: <https://simpra.com/for-members>

Contact Us: <https://simpra.com/contact-us>

Your next steps



Your Member ID

Your Member ID card is found in the Welcome Letter that arrived in this packet. If it was not in the packet or if the information is not correct, please call Member Services at 1-844-637-4770 (TTY/TDD 1-833-312-0044), 8am – 8pm local time, 7 days a week (10/1 – 3/31) and 5 days a week (4/1 – 9/30).



Your Registered Nurse Care Coordinator

Your Registered Nurse Care Coordinator (RNCC) will contact you to say hello and set up your **Health Risk Assessment** at a time that is convenient for you. Read more about Registered Nurse Care Coordinators in this guide.



Your Providers

You may still see your current providers with your new Plan. To learn if they are in the Simpra Advantage network, you can check the Provider/Pharmacy Directory on Simpra.com: <https://simpra.com/find-a-provider>. If they're not in the Simpra Advantage network, please let your Registered Nurse Care Coordinator know.



Accessing Your Benefits

You can access your benefit information in a few ways.

- Go to the **Benefit Highlights** section in this guide for a quick list of popular benefits.
- View your I-SNP **Evidence of Coverage** on Simpra.com for complete Plan information. Go to <https://simpra.com/for-members/plan-documents>. Choose your Plan at the top of the page and download documents from the list on the page.
- Find a Provider or Pharmacy at: <https://simpra.com/find-a-provider>
- Look up medications at: <https://formulary.simpra.com>



For help, call Member Services or your Registered Nurse Care Coordinator.

Your Registered Nurse Care Coordinator

To help you meet your health care needs, we've paired you with a Registered Nurse Care Coordinator.

- **At the start of your membership**, your RNCC will call to introduce themselves and the Plan and schedule your **Health Risk Assessment**.
- **If you need help any time**, you can contact your RNCC at the number they give you and you can also call Simpra Advantage Member Services at 1-844-637-4770 (TTY/TDD 1-833-312-0044).
- **Your RNCC is ready to:**
 - Spend time with you learning what you like and need
 - Regularly review your health care goals with you for changes or concerns
 - Monitor your health through periodic assessments
 - Identify health changes and share concerns with your providers to help avoid unnecessary and unwanted hospitalizations
 - Talk to you about preventive care
 - Determine your eligibility for certain benefits or care programs
 - Educate you on self-care
 - Help guide you through care transitions
 - Help locate resources in your community
 - Answer your questions and concerns

Registered Nurse Care Coordinators help you navigate your health care.



Benefit Highlights

Plan Details	
Monthly Simpra Advantage Premium	\$40 / \$0 with Extra Help
Deductibles	Part A: \$1,676 Part B: \$257
Annual Out of Pocket maximum (does not include Part D drugs)	In network: \$8,975 In and out of network: \$14,000
Comprehensive Care	
Preventive Care	\$0 Copay
Vaccines	Plan covers most Part D vaccines at no cost to you, even if you haven't paid the deductible.
Primary Care Visits	\$0 Copay / 20% Coinsurance
Specialist Visits, Mental Health Specialty Services	\$0 Copay / 20% Coinsurance
Emergency Care	
Urgent Care	\$0 Copay / 20% Coinsurance Up to a maximum of \$45 coinsurance per visit, waived upon hospital admission within 3 days from visit
Emergency Care	\$0 Copay / 20% Coinsurance Up to a maximum of \$90 coinsurance per visit, waived upon hospital admission within 3 days from visit
Ambulance Service (Ground or Air)	\$0 Copay / 20% Coinsurance
Hospital Care	
Inpatient Hospital or Psychiatric Services	Days 1 to 60: \$1,676 Deductible only Days 61 to 90: \$419 Copay each day Days 91 to 150: \$838 Copay each day (Lifetime reserve days) <i>Medicare hospital benefit periods apply.</i>
Outpatient Hospital Services or Outpatient Observation	\$0 Copay / 20% Coinsurance 0% Coinsurance for Lab Services

Skilled Nursing Care	<p>Days 1 to 20: \$0.00 Copay each day Days 21 to 100: \$209.50 Copay each day Days 101 and beyond: You pay all costs <i>Medicare hospital benefit periods apply.</i></p> <p>No 3-day hospital stay required for admission</p>
Therapy	
Physical Therapy	\$0 Copay / 20% Coinsurance
Occupational Therapy	\$0 Copay / 20% Coinsurance
Speech-Language Pathology Services	\$0 Copay / 20% Coinsurance
Prescription Drug Coverage	
Deductible	\$590
Insulin	Maximum \$35 for a one-month supply of each insulin product covered by our Plan, even if you haven't paid your deductible.
Dental Services	
Medicare-covered services	\$0 Copay / 20% Coinsurance
Supplemental Benefits	
Vision Care	\$0 Copay annual exam visit Up to \$230 per year for eyewear
Hearing Care	\$0 Copay Annual routine hearing exam, hearing aid fitting/evaluation \$2,000 hearing aid coverage every two years for both ears combined
Foot Care	\$0 Copay / 20% Coinsurance 6 visits for routine foot care each year
Transportation Services	\$0 Copay / 0% Coinsurance 8 one-way rideshare trips each year Mileage limitations may apply

Special Supplemental Benefits



Over-the-Counter Items

\$300 quarterly allowance on the Simpra Benefits Mastercard® Prepaid Card for health and wellness items in the product catalog. Shop by phone, mail, and at participating retail locations. Or online at Simpra.NationsBenefits.com.



Social Companion Visits

\$0 Copay and up to 55 hours of in-person or virtual social visits for companionship, conversation and help with everyday tasks.

Ask your Registered Nurse Care Coordinator if you are eligible.

For a complete list of benefits, see Chapter 4 of your *Evidence of Coverage* available online: <https://simpra.com/for-members/plan-documents>.

Frequently Asked Questions

My Plan

How does this Plan work?

Simpra Advantage Plans are Preferred Provider Organizations (PPO). They offer a network of doctors, hospitals and other providers you may choose from for healthcare services. You may also go to other doctors or providers that are not in the network. Please know you can go to any doctor or hospital in an emergency.

How do I use my Member ID?

You should show your Simpra Advantage Nursing Home Plan Member ID Card during your provider appointments or at the pharmacy as proof of your coverage. You do not need to show your Medicare card. If you lose your Simpra Advantage Member ID Card and need a replacement, please call our Member Services at 1-844-637-4770 (TTY/TDD 1-833-312-0044).

Do I need to cancel my old insurance now that I'm signed up with Simpra Advantage?

If you had a Medicare Advantage plan or a Part D plan, your Simpra Advantage Nursing Home Plan will automatically replace it. If you had a Supplemental plan, you must contact your old insurance company to disenroll.

I received a letter saying I owed a premium and I don't think I have a premium. Who can I contact for help?

Please call Member Services for assistance at 1-844-637-4770 (TTY/TDD 1-833-312-0044).

My Coverage

Will having Simpra Advantage change or cancel my Medicaid coverage?

Enrollment in the Simpra Advantage Nursing Home Plan (PPO I-SNP) does not affect Medicaid coverage.

Will this Plan lower the money I receive monthly from Alabama Institutional Medicaid?

Medicaid benefits will not be reduced due to enrollment in Simpra Advantage Nursing Home Plan (PPO I-SNP).

How does membership in Simpra Advantage affect my hospice care?

You can have both plans at the same time. Hospice care is a separate insurance plan that covers only your hospice services and is billed directly to Medicare. Your Simpra


Advantage Plan continues to provide the same coverage you had before you added Hospice care, including your supplemental benefits.

How do I know what drugs are covered by my Plan?

To learn if your medications are covered, use the Find a Drug tool on Simpra.com.


The link to the tool is: <https://formulary.simpra.com>:

1. Click the Find a Drug button in the upper-right-hand corner of the home page.
2. On the next page, choose I-SNP in the Plan chooser.
3. Click the "Continue to Formulary" button.
4. Once on the Prescription Drug List page for the I-SNP plan you can search for your drug(s).
5. Scroll down to the search function and enter the name of your drug in the field for "Drug Name" and click the search button (magnifying glass).

Drug Name Therapeutic Class 

Search list of FDA-approved drugs and coverage for each by entering a drug name below.

Last Updated: May, 2024

Drug Name 

6. If your drug is covered by the Plan, it will be listed in the search results.

How do I access my Over-the-Counter benefit?

You will receive your Simpra Benefits Mastercard® Prepaid Card in the mail along with your Benefit Catalog. You will need to activate your Prepaid Card to use the available funds.

For questions, please call 844-617-3350 (TTY: 711) or visit Simpra.NationsBenefits.com.

My Health Care

Does my doctor take Simpra Advantage?

Visit Simpra.com to view the online Provider/Pharmacy Directory to learn if your doctor or other providers are in the Simpra Advantage provider network. You can continue to use your doctor if they are out-of-network. Please keep in mind that in-network providers generally have lower cost services than out-of-network providers. You can go to any doctor or hospital in an emergency.

What do I need to do if I want to change my doctor?

You may visit the Provider Directory to find an in-network provider to replace your current doctor. If you are changing your PCP, please notify your Registered Nurse Care Coordinator.

What is the Medication Therapy Management Program (MTM)?

MTM is a service offered by Simpra Advantage at no additional cost to you that helps you and your doctor make sure your medications are working and identify possible medication problems. For more information on MTM, visit Simpra.com:

<https://simpra.com/for-members/medication-therapy-management-program>.

How do I know if I qualify for MTM?

If you meet the MTM criteria, you will receive a letter inviting you to participate in the program and instructions to access the program. For more information on MTM, visit Simpra.com: <https://simpra.com/for-members/medication-therapy-management-program>.

My Claims

I received a bill for a service I don't think I should pay. Who can I contact?

Please contact Member Services at 1-844-637-4770 (TTY/TDD 1-833-312-0044) for help.

What is prior authorization and why is it important?

A prior authorization (also known as an Organization Determination or OD) is a decision made by the Plan about how Simpra Advantage authorizes, provides, or pays for medical services or items. Prior authorization is important because it is required for some benefits. For more information on prior authorization visit Simpra.com

Member Resources: <https://simpra.com/for-members/exceptions-and-appeals/organization-determination>.

Simpra Advantage Nursing Home Plan is a PPO I-SNP with a Medicare contract. Enrollment in Simpra Advantage depends on contract renewal. Simpra Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. Prepaid card is distributed as a gratuity without the payment of any monetary value or consideration. This card cannot be used to pay for prescription drugs or products that are not eligible. Product exclusions include alcohol, tobacco, firearms and gift cards. If you would like to buy items that are not eligible, you will need to use another form of payment.

SSBCI benefits are Special Supplemental Benefits for the Chronically Ill. To be eligible for these benefits (Social Needs benefit), the member must have one or more of the following chronic conditions: Dementia or Chronic and disabling mental health conditions. If you qualify for one of the chronic conditions, your coverage also depends on being a “chronically ill enrollee” as defined by CMS regulations and on this Plan’s coverage criteria for SSBCI.

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My Notes

Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-844-637-4770 (TTY 1-833-312-0044). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-844-637-4770 (TTY 1-833-312-0044). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-844-637-4770 (TTY 1-833-312-0044)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-844-637-4770 (TTY 1-833-312-0044)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-844-637-4770 (TTY 1-833-312-0044). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-844-637-4770 (TTY 1-833-312-0044). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-844-637-4770 (TTY 1-833-312-0044) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-844-637-4770 (TTY 1-833-312-0044). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-844-637-4770 (TTY 1-833-312-0044) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-844-637-4770 (TTY 1-833-312-0044). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-844-637-4770 (TTY 1-833-312-0044). سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-844-637-4770 (TTY 1-833-312-0044) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-844-637-4770 (TTY 1-833-312-0044). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-844-637-4770 (TTY 1-833-312-0044). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-844-637-4770 (TTY 1-833-312-0044). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-844-637-4770 (TTY 1-833-312-0044). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするため、無料の通訳サービスがあります。通訳をご用命になるには、1-844-637-4770 (TTY 1-833-312-0044)にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Mail completed form to: Simpra Advantage, PO Box 23607, Tampa, FL 33623-3607
Or EMAIL this form to: CustomerService@Simpra.com

Release of Information Form

I hereby authorize the release of information regarding my Simpra Advantage coverage to the individual(s) or organization(s) named below. I acknowledge that this form is intended solely for the release of the information as set forth below and cannot be used to authorize any action by the authorized person or organization on my behalf. I understand that this authorization is voluntary and made to confirm my direction. I understand that if the person(s) or organization(s) that I authorize to receive my protected health information is not subject to federal and state health information privacy laws, subsequent disclosure by such person(s) or organization(s) may not be protected by those laws. I understand that my eligibility for health benefits, my enrollment in Simpra Advantage, and payment for services will not be affected by whether or not I sign this authorization.

1) I authorize Simpra Advantage to release information to the individual(s) or organization(s) named below regarding the following matters:

- All my Simpra Advantage monthly premium account information.
- All medical information on file for me at Simpra Advantage including specific claim information.
- All information regarding the management of my care.
- All my Simpra Advantage enrollment and eligibility information.

2) Simpra Advantage Member's Information

Print Member's Name _____

Signature of Member _____ Date _____

Member's Simpra Advantage ID Number _____

3) The Person or Organization to Whom the Information May Be Released

Print Name (of person/organization to whom information can be released) Relationship

Street Address (of person/organization) City State Zip

Phone Number (of person/organization)

Print Name (of person/organization to whom information can be released) Relationship

Street Address (of person/organization) City State Zip

Phone Number (of person/organization)

Important: Simpra Advantage will continue to release information as indicated on this form until we receive written notice from you.



Simpra Advantage
Alabama's Healthplan

Simpra Advantage, Inc.

PO BOX 23607

Tampa, FL 33623-3607

Simpra.com