



Welcome Guide

2026 Simpra Advantage Assist PPO I-SNP

SimpraAdvantage
Alabama's Healthplan

Welcome!

Hello New Simpra Advantage Member!

Welcome Simpra Advantage Assist (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 health care plans that 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 information. **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 [*Authorization to Disclose 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 (for accommodations call TTY/TDD 1-833-312-0044) 8 am – 8 pm local time, 7 days a week from October 1 through March 31 and Monday through Friday from April 1 through September 30; Closed for Memorial Day, Juneteenth, 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, upon your request.

Appeals and Grievances 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044). Contact us with questions or concerns.

Visit [Simpra.com](https://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>

My Plan Documents: <https://simpra.com/for-members/plan-documents>

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 (for accommodations call TTY/TDD 1-833-312-0044), 8am – 8pm local time, 7 days a week from October 1 through March 31 and Monday through Friday from April 1 through September 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. Coverage may vary between in-network and out-of-network services.



Accessing Your Benefits

You can access your benefit information in a few ways.

- Review the **Summary of Benefits** at the end of 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. To see a full list of covered services, go to the Medical Benefits Chart in Chapter 4 of the *Evidence of Coverage*.
- 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 (for accommodations call TTY/TDD 1-833-312-0044). Hours of operation are listed on page 1.
- **Your RNCC is ready to:**
 - 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.



Frequently Asked Questions

Please call Member Services if you don't find your answer here.

My Plan

How does this Plan work?

Simpra Advantage Plans are Preferred Provider Organizations (PPO). They offer a statewide 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, though coverage for out-of-network services may vary. We cover emergency services provided by any doctor or hospital in the United States and its territories.

How do I use my Member ID?

You should show your Simpra Advantage Assist 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 Member Services at 1-844-637-4770 (for accommodations call 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 Assist Plan will automatically replace it.

I received a letter saying I owe 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 (for accommodations call TTY/TDD 1-833-312-0044) 8am – 8pm local time, 7 days a week from October 1 through March 31 and Monday through Friday from April 1 through September 30; Closed for Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving, and Christmas.

My Coverage

Will having Simpra Advantage change or cancel my Medicaid coverage?

Enrollment in the Simpra Advantage Assist (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 Assist (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 Simpra Advantage Assist (PPO I-SNP) in the Plan chooser.
3. Click the "Continue to Formulary" button.
4. Once on the Prescription Drug List page for the Simpra Advantage Assist (PPO I-SNP), 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).

The screenshot shows the Simpra Find a Drug tool interface. At the top, there are two tabs: "Drug Name" (selected) and "Therapeutic Class". To the right is a "Print" button. Below the tabs is a search bar with the text "Search list of FDA-approved drugs and coverage for each by entering a drug name below." Below the search bar is the text "Last Updated: May, 2024". The search bar itself contains the text "Drug Name" and "Example: Lorazepam, Amoxicillin". A magnifying glass icon is on the right side of the search bar. The search bar is circled in blue.

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. 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 find out if your doctor or other providers are in the Simpra Advantage provider network, though coverage for out-of-network services may vary. Please keep in mind that in-network providers generally have lower cost services than out-of-network providers. We cover emergency services provided by any doctor or hospital in the United States and its territories.

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 Primary Care Provider, 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 call Member Services for assistance at 1-844-637-4770 (for accommodations call TTY/TDD 1-833-312-0044). Hours of operation are listed on page 1.

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 Assist 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. Based on a Model of Care review, Simpra Advantage has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2027. Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

The Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You have received this card 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.

Social Companion Support and Food and Produce are Special Supplemental Benefits for the Chronically Ill (SSBCI). To be eligible for SSBCI benefits, you must have one or more of the following chronic conditions: Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes mellitus; Chronic lung disorders or other conditions not listed here. Not all enrollees qualify. If you qualify for one of the conditions, you must also qualify as a “chronically ill” enrollee as defined by CMS regulations and on this Plan’s coverage criteria for SSBCI.

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2026 Assist PPO I-SNP

Monthly Plan Premium <i>(includes both medical and drugs)</i>	\$81.00 You must continue to pay your Medicare Part B premium.
Deductibles	No deductible for Medicare Part A and Part B medical services. <i>See Prescription Drug Coverage for Part D deductible.</i>
Maximum Out-of-Pocket (MOOP) amount <i>(does not include Part D prescription drugs)</i>	\$6,700 In-Network / \$10,000 In- and Out-of-Network combined

Benefits	In-Network	Out-of-Network
Inpatient Hospital Coverage	Days 1 to 6: \$175 copayment only Days 7 to 90: \$0 copayment each day for Medicare-covered hospital care Days 91 to 150 (lifetime reserve days): \$0 copayment for each day <i>These are 2025 costs and may change for 2026. Simpra will provide updated rates at Simpra.com as soon as they are released. Prior authorization is required.</i>	
Outpatient Hospital Services	\$50 copayment for each Medicare-covered Outpatient Hospital Service or Surgery <i>Prior authorization is required.</i>	
Outpatient Observation Services	\$100 copayment for each Medicare-covered Observation visit	
Ambulatory Surgical Center (ASC)	\$50 copayment for each Medicare-covered outpatient surgery service <i>Prior authorization is required</i>	
Primary Care Provider Visit	You pay \$0 for Medicare-covered primary care per visit	
Primary Care Provider Telehealth Visit	\$0 Copayment	Not covered
Specialty Care Provider Visit	You pay \$30 for Medicare-covered specialist services per visit <i>Prior authorization is required.</i>	
Specialty Care Provider Telehealth Visit	\$30 Copayment	Not covered
Preventive Care Services including Annual Wellness Visit	You pay nothing for each Medicare-covered preventive service Important Message About What You Pay for Vaccines: Our Plan covers most Part D vaccines at no cost to you, even if you haven't paid your deductible. Call Member Services for more information.	
Emergency Care (Coverage limited to U.S. and its territories only)	\$90 copayment for each Medicare-covered visit	
Urgent Care (Coverage limited to U.S. and its territories only)	You pay \$30 for Medicare-covered specialist services per visit	
Diagnostic Services: Outpatient X-rays	\$5 copayment for each Medicare-covered general x-ray service <i>Prior authorization is required.</i>	

Benefits	In-Network	Out-of-Network
Diagnostic Services: Diagnostic and therapeutic radiology services	\$50 copayment per visit for each Medicare-covered diagnostic and therapeutic radiological service <i>Prior authorization is required.</i>	
Diagnostic Services: Diagnostic tests and procedures	20% coinsurance for each Medicare-covered service <i>Prior authorization is required for certain diagnostic tests and procedures (e.g., PET Scans). CT scans and MRI do not require authorization.</i>	
Diagnostic Services: Blood Services	20% coinsurance for each Medicare-covered blood service	
Diagnostic Services: Lab Services	\$0 copayment for each Medicare-covered lab service <i>Prior authorization is required for Genetic Testing.</i>	
Hearing Exam	\$10 copayment for each Medicare-covered service	
Supplemental Hearing Benefits: Annual Routine Hearing Exam	\$0 copayment Limited to 1 routine visit every year	
Supplemental Hearing Benefits: Annual Hearing Aid Fitting/Evaluation	\$0 copayment Limited to 1 hearing aid evaluation/fitting visit every year	
Supplemental Hearing Benefits: Hearing Aid Allowance	\$0 Copayment You pay nothing up to the \$2,000 allowance for hearing aid(s) coverage every two years for both ears combined. Non-prescription hearing aids are included in coverage.	
Dental Services	20% coinsurance for each Medicare-covered dental service <i>Prior authorization is required for Medicare-covered comprehensive dental services.</i> <i>Limited Medicare-covered dental services (e.g., jaw reconstruction following fracture or injury, tooth extractions in preparation for cancer treatment involving jaw, and oral exams prior to kidney transplantation)</i>	
Supplemental Dental Services:	\$0 copayment / 0% coinsurance You pay nothing up to \$750 allowance for preventive/ comprehensive dental services combined annually.	
Vision Care	\$30 copayment for each Medicare-covered service	
Supplemental Vision Benefit: Routine Eye Exam including refraction	\$0 copayment/coinsurance for one routine vision exam annually	
Supplemental Vision Benefit: Eyeglasses (lenses and frames) and/or contact lenses	\$230 total allowance for glasses (lenses and frames) and contact lenses each benefit year. <i>This allowance does not apply to eyewear obtained following cataract surgery.</i>	

Benefits	In-Network	Out-of-Network
Mental Health Services – Inpatient	Days 1 – 6: \$175 copayment each Medicare-covered day Days 7 – 90: \$0 copayment each Medicare-covered day Days 91 – 150 (lifetime reserve days): \$0 copayment for each day <i>These are 2025 costs and may change for 2026. Simpra will provide updated rates at Simpra.com as soon as they are released. Prior authorization is required.</i>	
Mental Health Services – Outpatient	\$30 copayment for each Medicare-covered service	

Cost-sharing may differ based on point-of-service (mail-order, retail, Long Term Care (LTC), home infusion), whether the pharmacy is in our standard network, or whether the prescription is a short-term (30-day supply) or long term (90-day supply).

Important Message About Certain Drugs – Due to the Inflation Reduction Act of 2022, there may be some Medicare Part B drugs covered by our Plan that will have a coinsurance lower than 20%. If you purchase one of these Part B drugs, you will be eligible for a refund for any overpayment made at the point of service.

Outpatient Prescription Drug Benefits—Cost Sharing (Part D)			
Deductible	\$150 for all Part D prescription drugs.		
Initial Coverage Stage	During the Initial Coverage Stage, the Plan pays its share of the cost of your covered prescription drugs, and you pay your share (your coinsurance amount). Your share of the cost will vary depending on the drug and where you fill your prescription.		
Tier	Standard retail cost-sharing (Up to a 30-day supply)	Standard mail-order cost-sharing (Up to a 90-day supply)	Long-term care (LTC) cost-sharing (Up to a 31-day supply)
Tier 1 Preferred Generic	\$4 copayment	\$12 copayment	\$4 copayment
Tier 2 Generic	\$15 copayment	\$45 copayment	\$15 copayment
Tier 3 Preferred Brand	\$45 copayment	\$135 copayment	\$45 copayment
Tier 4 Non-Preferred Brand	\$95 copayment	\$285 copayment	\$95 copayment
Tier 5 Specialty	31% coinsurance	31% coinsurance	31% coinsurance
<i>The Coverage Gap Stage was removed in 2025. The Part D prescription drug “donut hole” no longer exists.</i>			
Catastrophic Coverage Stage	Once your out-of-pocket costs have reached \$2,100 you move into the Catastrophic Coverage Stage. During this stage, the Plan pays the full cost for your covered Part D drugs. You will stay in this payment stage until the end of the calendar year.		

Additional Benefits	In-Network	Out-of-Network
Ambulance Services: Ground Ambulance	\$150 copayment for each one-way Medicare-covered ground ambulance service	20% coinsurance for each one-way Medicare-covered ground ambulance service
Ambulance Services: Air Ambulance	20% coinsurance for each one-way Medicare-covered air ambulance service	
Diabetic Monitoring Supplies	20% coinsurance for each Medicare-covered service	
Diabetic Therapeutic Shoes or Inserts	20% coinsurance for each Medicare-covered service	
Medicare Part B Prescription Drugs: Chemotherapy/Radiation Drugs Other Part B drugs	0%-20% coinsurance for each Medicare-covered chemotherapy/ radiation drug service and other Medicare-covered Part B drugs <i>Prior authorization is required for certain medications.</i> Important Message About What You Pay for Insulin: You pay 20% coinsurance up to no 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.	
Occupational Therapy Services	\$0 copayment/0% coinsurance for each Medicare-covered service <i>Prior Authorization is required for certain providers.</i>	
Physical Therapy Services	\$0 copayment for each Medicare-covered physical therapy service. \$30 copayment for each Medicare-covered CORF service. <i>Prior authorization is required for certain providers.</i>	
Speech-Language Pathology Services	\$0 copayment for each Medicare-covered speech-language pathology service. \$30 copayment for each Medicare-covered CORF service. <i>Prior authorization is required for certain providers.</i>	
Podiatry Services (Foot Care): Foot exams and treatment	20% coinsurance for each Medicare-covered podiatry service	
Supplemental Benefit: Additional routine foot care	\$0 copayment for each routine foot care service; limited to 6 routine foot care visit(s) every year	
Skilled Nursing Facility (SNF) Care	No copayment/coinsurance for Medicare-covered SNF admission. No prior hospital stay is required. <i>Prior authorization is required.</i>	
Supplemental Benefit: Over-the-Counter benefit	\$0 Copayment and you receive a \$235 quarterly allowance on the Simpra Benefits Mastercard® Prepaid Card to spend on health and wellness products from in-network retailers. Unused allowance will not carry over to the next quarter. For details on approved items and retailers please visit Simpra.NationsBenefits.com . <i>In-Network coverage only</i>	

Additional Benefits	In-Network	Out-of-Network
Special Supplemental Benefit for the Chronically Ill (SSBCI): Food & Produce and OTC combined allowance	Your \$235 quarterly OTC allowance benefit noted above may also be used toward food and produce. Unused allowance will not carry over to the next quarter. For details on approved items and retailers please visit Simpra.NationsBenefits.com .	<i>Member must have one or more qualifying chronic conditions. Please see qualifying conditions at the end of this document.</i> In-Network coverage only
Supplemental Benefit: Social Companion Benefit	\$0 copayment/coinsurance for each Medicare-covered service. Covers up to 25 visits, to be determined by the RN Care Coordinator.	<i>Member must have one or more qualifying chronic conditions. Please see qualifying conditions at the end of this document.</i> In-Network coverage only.
Transportation (Routine)	Not covered.	
Telehealth	No cost-sharing for Primary Care Physicians, Kidney Disease Education Services, and Diabetes Self-Management Training	\$30 copayment for Medicare-covered Physician Specialist services, and Individual and Group Psychiatric Services 20% coinsurance for Dialysis and all other Telehealth

About Simpra Advantage

Summary of Benefits:

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. This document is also available in alternative formats, such as large print or audio, upon request. For a complete list of benefits, see Chapter 4 of the *Evidence of Coverage* (EOC) online: <https://simpra.com/for-members/plan-documents>. To request a hard copy of the EOC, please call Member Services at the number below.

If you want to know more about the coverage and costs of Original Medicare, look in your 2026 “**Medicare & You**” handbook. Visit <http://www.medicare.gov/medicare-and-you> to view or download a copy. You may also request a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048.

Special Supplemental Benefits for the Chronically Ill (SSBCI):

SSBCI benefits are Special Supplemental Benefits for the Chronically Ill. To be eligible for these benefits (Social Needs benefit, Food and Produce benefit), the member must have one or more of the following chronic conditions: Cardiovascular disorders, Chronic lung disorders, Dementia, Diabetes mellitus, Stroke, or certain other eligible conditions not listed here. Not all enrollees qualify. 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.

Provider Network:

Simpra Advantage serves all counties in Alabama. For information on the Simpra Advantage network of doctors, hospitals, pharmacies, and other providers, visit our website at [Simpra.com](https://simpra.com). If you use providers that are not in our network, the Plan may not pay for these services. Out-of-network/non-contracted providers are under no obligation to treat Plan 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.

To join Simpra Advantage Assist (PPO I-SNP), you must:

- be entitled to Medicare Part A, and
- be enrolled in Medicare Part B, and
- live in our service area, and
- you live at home or an institutional setting, and our Plan has obtained certification that you need the type of care that is usually provided in a nursing home.

To reach our Member Services Representatives:

- Toll Free **1-844-637-4770** (for accommodations call TTY/TDD **1-833-312-0044**)
- Hours of operation: 8 a.m. to 8 p.m. local time, seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30. Member Services is closed on the following holidays: Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving, and Christmas.

Simpra Advantage Assist is a PPO I-SNP with a Medicare contract. Enrollment in Simpra Advantage depends on contract renewal. Based on a Model of Care review, Simpra Advantage has been approved by the National Committee for Quality Assurance (NCQA) to operate a Special Needs Plan (SNP) through 2027. 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., pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated. Valid only in the U.S. No cash access. This is not a gift card or gift certificate. You have received this card 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.

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

Authorization to Disclose Information

I, the below-named Member, hereby authorize the disclosure of information as set forth below by Simpra Advantage to the individual(s) or organization(s) named below. I acknowledge that this form is intended solely for the disclosure 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 may result in the sending of clinical information and x-rays with reference to the below-named Member's diagnosis and/or any alcohol, drug or child abuse problems, behavioral or mental health services, reproductive health and/or information concerning sexually transmitted infections, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency syndrome (HIV). I understand that these records are strictly confidential and are solely for the information of the person to whom addressed.

I understand that this authorization is voluntary. 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 re-disclosure by such person(s) or organization(s) may not be protected by those laws. I understand that I may refuse to sign this authorization and my eligibility for health benefits, my enrollment in Simpra Advantage, and payment for services by Simpra Advantage will not be affected by whether or not I sign this authorization.

I understand that this authorization is continuous in nature and is to be given full force and effect, including disclosing any and all of the below information learned or determined after the date of this authorization, but prior to the expiration or earlier revocation of this authorization. I understand that I may revoke this authorization at any time by notifying Simpra Advantage in writing, but that any revocation will not have any effect on the disclosures made prior to Simpra Advantage's receipt of the revocation. Unless I revoke this authorization, this authorization will automatically expire upon termination of the Member's enrollment in Simpra Advantage.

I understand that I may receive a copy of this authorization at any time upon request after I sign it. I understand that a photocopy or facsimile of this authorization will be valid and effective, just as the original.

1) I authorize Simpra Advantage to disclose all of the below-named Member's 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.

This information is being disclosed at the request of the below-named Member and/or the Member's below-named legal representative.

2) Simpra Advantage Member's / Member's Legal Representative Information

Print Member's Name

Print Name and Relationship of Member's Legal Representative (if applicable)

Signature of Member or Member's Legal Representative

Date

Member's Simpra Advantage ID Number

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

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

Relationship

Street Address (of person/organization)

City

State

Zip

Phone Number (of person/organization)

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

Relationship

Street Address (of person/organization)

City

State

Zip

Phone Number (of person/organization)

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

Relationship

Street Address (of person/organization)

City

State

Zip

Phone Number (of person/organization)

Simpra Advantage
Alabama's Healthplan

Simpra Advantage, Inc.
PO BOX 23607
Tampa, FL 33623-3607

Simpra.com