



# Welcome Guide

2026 Simpra Advantage Dual Care PPO D-SNP

**Simpra**Advantage  
Alabama's Healthplan



# Welcome!

Hello New Simpra Advantage Member!

**Welcome Simpra Advantage Dual Care (PPO D-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 Welcome 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](mailto:customerservice@simpra.com).

**Member Services** 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.

**Compliance** 1-833-416-5035 (toll-free hotline) or [compliance@simpra.com](mailto: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 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>

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), 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.



## 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 D-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 navigate your health care needs, we've paired you with a Registered Nurse Care Coordinator (RNCC).

- **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. You can also call Simpra Advantage Member Services at 1-844-637-4770 (for accommodations, call TTY 1-833-312-0044). Hours of operation are listed on page 1.
- **Your RNCC is available 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 visit 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 Dual Care 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 Plan will automatically replace it.

### I received a letter saying I must pay 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 Simpra Advantage Dual Care (PPO D-SNP) does not affect your Medicaid coverage.

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

Your Medicaid benefits will not be reduced due to enrollment in the Simpra Advantage Dual Care (PPO D-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 Dual Care (PPO D-SNP) in the plan chooser.
3. Click the “Continue to Formulary” button.
4. Once on the Prescription Drug List page for the Simpra Advantage Dual Care (PPO D-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).


Drug Name Therapeutic Class 

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

Last Updated: May, 2024

Drug Name

Example: Lorazepam, Amoxicillin 

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 catalogs. 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](http://Simpra.NationsBenefits.com).

## My Health Care

### Does my doctor take Simpra Advantage?

Visit [Simpra.com](http://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. You can continue to use your doctor if they are out-of-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 contact Member Services at 1-844-637-4770 (for accommodations, call TTY/TDD 1-833-312-0044) for help. 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 Dual Care is a PPO D-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.

Food and Produce, General Supports for Living, and Social Needs benefits are Special Supplemental Benefits for the Chronically Ill (SSBCI). To be eligible for these benefits, you must have one or more of the following chronic conditions: Cardiovascular disorders, Chronic heart failure, Stroke, Dementia, Diabetes, or other eligible conditions not listed here. These conditions may not apply to all types of SSBCI benefits. 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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# My Notes

## 2026 Dual Care PPO D-SNP

Please note this is only a summary of costs. Because you are eligible for Medicare cost-sharing assistance under Medicaid, you may pay as low as \$0 for your deductible, doctor office visits, and inpatient hospital stays. Please read your *Evidence of Coverage* online (<https://simpra.com/for-members/plan-documents>) for complete benefit information.

Monthly Plan Premium	\$0 Medical Premium / \$27.70 Drug Premium (\$0 with Extra Help) Your Part B Premium may be covered by Medicaid.
Deductibles	\$0 Medical deductible and \$0 Drug deductible
Maximum Out-of-Pocket (MOOP) amount	\$9,250 In-Network / \$13,900 In- and Out-of-Network combined <i>You are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.</i>

Benefits	In-Network	Out-of-Network
Inpatient Hospital Coverage	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to Medicare Cost Share Amount* <i>Prior authorization is required.</i>
Outpatient Hospital Coverage and Services	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to 20% Coinsurance per visit* <i>Prior authorization is required.</i>
Ambulatory Surgical Center (ASC)	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to 20% Coinsurance per visit* <i>Prior authorization is required.</i>
Primary Care Provider Visit	\$0 Copayment	\$0 Copayment
Primary Care Provider Telehealth Visit	\$0 Copayment	Not covered
Specialty Care Provider Visit	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to 20% Coinsurance per visit* <i>Prior authorization is required.</i>
Specialty Care Provider Telehealth Visit	\$0 Copayment	Not covered
Preventive Care Services including Annual Wellness Visit	\$0 Copayment <b>Important Message About What You Pay for Vaccines</b> 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)	\$0 Copayment	\$0 to 20% Coinsurance up to \$90 per visit*
Urgent Care (Coverage limited to U.S. and its territories only)	\$0 Copayment	\$0 to 20% Coinsurance up to \$40 per visit*
Diagnostic Services: Diagnostic tests/procedures, Diagnostic radiology services (e.g., MRI, CT Scan), Outpatient X-rays, Therapeutic Radiology, and Outpatient Blood Services	\$0 Copayment	\$0 to 20% Coinsurance per visit* <i>Prior authorization is required for certain diagnostic tests and procedures (e.g., PET Scans). CT scans and MRIs do not require authorization.</i>

Benefits	In-Network	Out-of-Network
Diagnostic Services: Lab services	\$0 Copayment No coinsurance	\$0 to 20% Coinsurance per visit*
	<i>Prior authorization required for Genetic Testing.</i>	
Hearing Exam (Medicare Covered)	\$0 Copayment	\$0 to 20% Coinsurance per visit*
Supplemental Benefit: Hearing Aids (includes Annual Fitting/Evaluation)	\$0 Copayment You pay nothing up to \$2,500 maximum allowance every two years for hearing aids for both ears combined, including non-prescription hearing aids.	
Dental Services	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to 20% coinsurance for each Medicare-covered service* <i>Prior authorization is required.</i>
Supplemental Dental Benefits: Preventive and Comprehensive Care	\$0 copayment Up to \$3,000 for preventive and comprehensive dental services combined every benefit year. Other service limits apply.	20% coinsurance for comprehensive dental services Up to \$3,000 for in-network and out-of-network combined
Vision Care	\$0 Copayment	\$0 to 20% coinsurance for each Medicare-covered service*
Supplemental Vision Benefits: Routine Eye Exam including refraction	\$0 Copayment	\$0 Copayment
Supplemental Vision Benefits: Eyeglasses (lenses and frames) and/or contact lenses	You pay nothing up to \$400 total combined eyewear credit every year. <i>This allowance does not apply to eyewear obtained following cataract surgery.</i>	
Mental Health Services: Inpatient Services	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to Medicare Cost Share Amount* <i>Prior authorization is required.</i>
Mental Health Services: Outpatient Services	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to 20% Coinsurance per visit* <i>Prior authorization is required.</i>

\*\$0 copayment if the provider accepts Medicaid, or if not, the member pays the Medicare amount for 2026.

## Outpatient Prescription Drug Benefits—Cost Sharing (Part D)

Deductible	\$615 for all Part D prescription drugs.
Initial Coverage Stage	<p>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.</p> <p>25% coinsurance <b>Standard retail cost-sharing</b> (in-network) (up to a 30-day supply)</p> <p>25% coinsurance <b>Standard mail-order cost-sharing</b> (up to a 90-day supply)</p> <p>25% coinsurance <b>Long-term care (LTC) cost-sharing</b> (up to a 31-day supply)</p>
<i>The Coverage Gap Stage was removed in 2025. The Part D prescription drug “donut hole” no longer exists.</i>	
Catastrophic Stage	<p>Once your out-of-pocket costs have reached \$2,100, you leave the Initial Coverage Stage and move into the Catastrophic Coverage Stage.</p> <p>During this payment stage, the Plan pays the full cost for your covered Part D drugs. You pay nothing.</p> <p>You will stay in this payment stage until the end of the calendar year.</p>

Cost-sharing may differ based on the point of service (e.g., mail order, retail, Long Term Care, 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 (90 days).

However, you may qualify for a Low-Income Subsidy (LIS) or Extra Help and your cost-sharing would depend on your level of assistance. If you qualify for Extra Help, you will receive a notification detailing your copay level and amounts, and you will not pay the 25% coinsurance. See the table below.

LIS Level	2026 LIS Copayments	LIS Deductible
1	\$5.10 Generic \$12.65 Brand	\$0.00
2	\$1.60 Generic \$4.90 Brand	\$0.00
3	\$0.00 Generic \$0.00 Brand	\$0.00

Additional Benefits	In-Network	Out-of-Network
Ambulance Service (Ground or Air)	\$0 Copayment for each one-way Medicare-covered service	\$0 to 20% Coinsurance for each one-way Medicare-covered service*
Diabetic monitoring supplies	\$0 Copayment	\$0 to 20% Coinsurance*
Diabetic therapeutic shoes or inserts	\$0 Copayment	\$0 to 20% Coinsurance*
Skilled Nursing Facility	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to Medicare Cost Share Amount* <i>Prior authorization is required.</i>
Medicare Part B Prescription Drugs: Chemotherapy/Radiation drugs, Other Part B drugs, Part B Insulin	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to 20% Coinsurance* <i>Prior authorization is required.</i>
	<p><b>Important Message About What You Pay for Insulin</b> 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>	
Physical Therapy, Occupational Therapy, Speech-Language Pathology Therapy Services	\$0 Copayment <i>Prior authorization is required.</i>	\$0 to 20% coinsurance for each Medicare-covered service* <i>Prior authorization is required.</i>
Podiatry Services (Foot Care)	\$0 Copayment for each Medicare-covered service	\$0 to 20% coinsurance for each Medicare-covered service*
Supplemental Benefit: Over-the-Counter benefit	\$0 Copayment and you receive a \$235 monthly allowance on the Simpra Benefits Mastercard® Prepaid Card to spend on certain over-the-counter medications, as well as health and wellness products from in-network retailers. Unused allowance will not carry over to the next month. For details on approved items and retailers please visit <a href="http://Simpra.NationsBenefits.com">Simpra.NationsBenefits.com</a> .	
Special Supplemental Benefit for the Chronically Ill (SSBCI): General Support for Living, Food & Produce, OTC combined allowance	<p>Your \$235 OTC allowance benefit noted above may also be used toward general support for your living needs (e.g., rent and utilities), as well as food and produce. Unused allowance will not carry over to the next month. For details on approved items and retailers please visit <a href="http://Simpra.NationsBenefits.com">Simpra.NationsBenefits.com</a>.</p> <p><i>Member must have one or more qualifying chronic conditions. Please see qualifying conditions at the end of this document.</i></p>	
Supplemental Benefit: Social Companion Benefit	<p>\$0 copayment/coinsurance for each Medicare-covered service.</p> <p>Covers up to 25 visits to be determined by the RN Care Coordinator.</p>	Not Covered
Transportation Services	<p><b>In Network Only:</b> There is no coinsurance, copayment, or deductible. You receive up to 48 one-way rideshare trips every year to plan-approved health-related locations.</p>	

\*\$0 copayment if the provider accepts Medicaid, or if not, the member pays the Medicare amount for 2026.

## 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.

### Provider Network:

Simpra Advantage serves all counties in Alabama. For information on Simpra network of doctors, hospitals, pharmacies, and other providers, visit our website at [Simpra.com](http://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.

### Special Supplemental Benefits for the Chronically Ill:

SSBCI benefits (Food and Produce, General Supports for Living, and Social Needs benefits) are Special Supplemental Benefits. To be eligible for these benefits, the member must have one or more of the following chronic conditions: Chronic alcohol use disorder and other substance use disorders (SUDs); Autoimmune disorders; Cancer; Cardiovascular disorders; Chronic heart failure; Dementia; Diabetes mellitus; Overweight, obesity, and metabolic syndrome; Chronic gastrointestinal disease; Chronic kidney disease (CKD); Severe hematologic disorders; HIV/AIDS; Chronic lung disorders; Chronic and disabling mental health conditions; Neurologic disorders; Stroke; Post-organ transplantation; Immunodeficiency and Immunosuppressive disorders; Conditions associated with cognitive impairment; Conditions with functional challenges; Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell; Conditions that require continued therapy services in order for individuals to maintain or retain functioning. 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.

### To join Simpra Advantage Dual Care (PPO D-SNP), you must:

- be entitled to Medicare Part A, and
- be enrolled in Medicare Part B, and
- live in our service area, and
- receive any type of assistance from the Title XIX (Medicaid) program, including full benefit dual eligible individuals, as well as those eligible only for the Medicare Savings Programs (QMB, QMB-plus, SLMB-plus, FBDE).

### 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 Dual Care is a PPO D-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. In addition to your Plan premium, if you have any, you must continue to pay your Medicare Part B premium. Medicaid pays the premium for those who meet the Low-Income Subsidy or qualify for Extra Help.

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](mailto: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**

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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](http://Simpra.com)