



# Welcome Guide

2026 Simpra Advantage Nursing Home Plan PPO I-SNP

**Simpra**Advantage  
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 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) 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](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/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>

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 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 (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 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 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 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 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 Nursing Home 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 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 the 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 Simpra Advantage Nursing Home Plan (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 Nursing Home Plan (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).

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 catalog and instructions to use your Over-the-Counter benefit in the mail.

For questions, please call 844-617-3350 (TTY: 711) or visit [Simpra.NationsBenefits.com](https://www.simpra.com/nationsbenefits).

## My Health Care

### Does my doctor take Simpra Advantage?

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

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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. 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.

Social Companion Support is a Special Supplemental Benefit for the Chronically Ill (SSBCI). To be eligible for this benefit, you must have one or more of the following chronic conditions: Dementia or Chronic and disabling mental health conditions. Not all enrollees qualify. If you qualify for one of the chronic conditions, you must also qualify as a "chronically ill" enrollee as defined by CMS regulations and qualify based on this Plan's coverage criteria for SSBCI.



# My Notes

## 2026 Nursing Home Plan PPO I-SNP

Monthly Plan Premium <i>(includes both medical and drugs)</i>	\$27.70 / \$0 with Extra Help You must continue to pay your Medicare Part B premium.
Deductibles	\$1,933 Part A and Part B Medical deductibles combined <i>These are 2025 costs and may change for 2026. Simpra will provide updated rates at Simpra.com as soon as they are released.</i>
Maximum Out-of-Pocket (MOOP) amount	\$8,600 In-Network / \$13,900 In- and Out-of-Network combined

Benefits	In-Network	Out-of-Network
Inpatient Hospital Coverage	Days 1 to 60: \$0 copayment after you pay the Part A deductible \$1,676 Days 61 to 90: You pay \$419 copayment each Medicare-covered day Days 91 to 150 (Lifetime reserve days): You pay \$838 copayment each Medicare-covered day After day 150, you pay all costs. <i>These are 2025 costs and may change for 2026. Simpra will provide updated rates at Simpra.com as soon as they are released.</i> <i>Prior authorization is required for post-stabilization hospitalization, direct hospital admissions, elective hospitalization, and transfers from hospital to hospital for higher level of care.</i>	
Outpatient Hospital Services and Observation Services	20% Coinsurance for each Medicare-covered service or observation visit	
Ambulatory Surgical Center (ASC)	20% coinsurance for each Medicare-covered outpatient surgery service <i>Prior authorization is required.</i>	
Primary Care Provider Visit	20% coinsurance for each Medicare-covered primary care visit	
Primary Care Provider Telehealth Visit	\$0 Copayment	Not covered
Specialty Care Provider Visit	20% coinsurance for Medicare-covered specialist visit	
Specialty Care Provider Telehealth Visit	20% Coinsurance	Not covered
Preventive Care Services including Annual Wellness Visit	You pay nothing for each Medicare-covered preventive care service <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)	20% coinsurance for each Medicare-covered service up to a maximum of \$90 per visit	
Urgent Care (Coverage limited to U.S. and its territories only)	20% coinsurance for each Medicare-covered service up to a maximum of \$40 per visit	

Benefits	In-Network	Out-of-Network
Diagnostic Services – Tests and Procedures, Radiology Services (e.g., MRI, PET Scan, CT Scan)	20% coinsurance for each Medicare-covered diagnostic tests, procedures, and radiology services <i>Prior authorization is required for certain diagnostic tests and procedures (e.g., PET Scans). CT scans and MRIs do not require authorization.</i>	
Diagnostic Services – Therapeutic Radiology, Outpatient X-ray, Blood Services	20% coinsurance for each Medicare-covered therapeutic, radiologic, and general x-ray services and blood service	
Lab Services <i>Prior authorization is required for Genetic Testing</i>	\$0 coinsurance for each Medicare-covered lab service	20% coinsurance for each Medicare-covered out-of-network lab service
Hearing Exam	20% coinsurance for each Medicare-covered service	
Supplemental Hearing Benefits: Annual Routine Hearing Exam	\$0 copayment for one routine hearing exam visit	
Supplemental Hearing Benefits: Annual Hearing Aid Fitting/Evaluation	\$0 copayment for one hearing aid evaluation/fitting	
Supplemental Hearing Benefits: Hearing Aid Allowance	\$0 Copayment Hearing aid(s) maximum coverage up to \$2,000 every two years for both ears combined. You pay nothing up to the \$2,000 allowance. Non-prescription hearing aids are included in coverage.	
Dental Services	20% coinsurance for each Medicare-covered service <i>Prior authorization is required.</i>	
Vision Care	20% coinsurance for each Medicare-covered service	
Supplemental Vision Benefit: Routine Eye Exam including refraction	\$0 copayment for one routine eye exam visit every year	
Supplemental Vision Benefit: Eyeglasses and 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>	
Mental Health Services – Inpatient	Days 1 -- 60: \$0 copayment after you pay the Part A deductible \$1,676 Days 61 – 90: \$419 copayment each day Days 91 – 150 (lifetime reserve days): \$838 copayment each day After day 150, you pay all costs <i>These are 2025 costs and may change for 2026. Simpra will provide updated rates at Simpra.com as soon as they are released.</i> <i>Prior authorization is required.</i>	
Mental Health Services – Outpatient	20% coinsurance for each Medicare-covered service	

## 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)            25% coinsurance <b>Standard mail-order cost-sharing</b> (up to a 90-day supply)            25% coinsurance <b>Long-term care (LTC) cost-sharing</b> (up to a 31-day supply)</p>
<i>The Coverage Gap Phase 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. You will stay in this payment stage until the end of the calendar year.</p>

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 What You Pay for Insulin** – 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.

**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.

Additional Benefits	In-Network	Out-of-Network
Ambulance Service (Ground and Air Ambulance)	20% coinsurance for each one-way Medicare-covered ground or 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	
Skilled Nursing Facility (SNF) Care	<p>Days 1 to 20: \$0 copayment for each Medicare-covered SNF day  Days 21 to 100: \$209.50 copayment for each Medicare-covered SNF day  Days 101 and beyond, you pay all costs</p> <p><i>No prior hospital stay is required. Prior authorization is required within 2 days of starting care and for extensions, prior authorization is required before your last covered day.</i></p> <p><i>These are 2025 costs and may change for 2026. Simpra will provide updated rates at Simpra.com as soon as they are released.</i></p>	
Medicare Part B Prescription Drugs: Chemotherapy, radiation and other Part B drugs	0%-20% coinsurance for each Medicare-covered service <i>Prior authorization is required for certain medications.</i>	
Physical Therapy, Speech-Language Pathology Therapy, and Occupational Therapy Services	20% coinsurance for each Medicare-covered service <i>Prior authorization is required for certain providers.</i>	
Supplemental Benefit: Over-the-Counter (OTC) Benefit	<p>\$0 copayment and \$300 allowance every quarter (three months) for eligible OTC items. Unused credits roll over to the next quarter of the benefit year; however, they will not be carried over more than one quarter during the benefit year.</p> <p><b><i>In-Network coverage only. You must use the NationsBenefits® OTC program for this benefit.</i></b></p>	
Podiatry Services (Foot Care): Foot exams and treatment	20% coinsurance for each Medicare-covered podiatry service	
Supplemental Benefit: Additional routine foot care	<p>\$0 copayment for each routine foot care service.  Limited to 6 routine foot care visits every year.</p>	
Supplemental Benefit: Social Companion Benefit	<p>\$0 copayment/coinsurance for each covered service  Covers up to 30 visits, to be determined by the RN Care Coordinator</p> <p><b><i>In-Network coverage only.</i></b></p>	
Supplemental Benefit: Transportation Services	<p>There is no coinsurance, copayment, or deductible.  Receive up to 12 one-way rideshare trips every year to Plan-approved, health-related locations administered by NationsBenefits®.</p> <p><b><i>In-Network coverage only.</i></b></p>	
Telehealth	<p>No cost-sharing for Primary Care Physicians, Kidney Disease Education Services, and Diabetes Self-Management Training  20% coinsurance for Medicare-covered Physician Specialist services, and Individual and Group Psychiatric Services  20% coinsurance for dialysis and all other Medicare-covered telehealth services</p> <p><b><i>In-Network coverage only.</i></b></p>	

## 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 the Simpra Advantage 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.

### To join Simpra Advantage Nursing Home Plan (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
- reside in one of our participating nursing facilities for greater than 90 days (or reasonably expect to live in the nursing facility for greater than 90 days). The Plan’s Provider Directory has a list of participating nursing facilities. You can access this list on our website ([Simpra.com](http://Simpra.com)) or call Member Services and ask us to send you a list. See the Member Services number below.

### 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 Nursing Home Plan 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.

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. 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.

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

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

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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)