

Dual Care PPO D-SNP Eligibility Questionnaire Special Supplemental Benefits for the Chronically III (SSBCI)

Please answer the question below to help determine if you are eligible for Dual Care Special Supplemental Benefits for the Chronically III (SSBCI). These benefits would provide you a monthly allowance to spend on groceries, rent and utilities. Completion of this form does not affect your enrollment in this plan. More information about benefits can be found in the Dual Care Summary of Benefits and the Dual Care Evidence of Coverage.

Q: Have you been diagnosed with and treated for one or more of the chronic conditions listed below?	
 Yes □ No Autoimmune disorders Cancer Cardiovascular disorders Chronic alcohol and other drug dependence Chronic heart failure Chronic lung disorders Chronic and disabling mental health conditions 	Dementia Diabetes End-stage liver disease End-stage renal disease (ESRD) HIV/AIDS Neurologic disorders Severe hematologic disorders Stroke
Name: Signature:	Date of Birth: Phone:

Please fax your completed and signed form with your enrollment application to 205-994-7530. You may also email it to faxapplications@simpra.com or mail it to Simpra Advantage, PO Box 23607, Tampa, FL 33623-3607.

Simpra Advantage is a PPO D-SNP with a Medicare contract. Enrollment in Simpra Advantage plans depends on CMS Medicare contract renewal. To be eligible for SSBCI benefits, the member must have one or more of the chronic conditions listed above. If you qualify for one of the chronic conditions, you must also qualify as a "chronically ill enrollee" as defined by CMS regulations and on this Plan's coverage criteria for SSBCI. 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.

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