

**2026 Dual Care PPO D-SNP Eligibility Questionnaire
Special Supplemental Benefits for the Chronically Ill (SSBCI)**

Please answer the question below to help determine if you are eligible for Dual Care Special Supplemental Benefits for the Chronically Ill (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 use disorder and other substance abuse disorders (SUDs)
- Chronic and disabling mental health conditions
- Chronic conditions that impair vision, hearing (deafness), taste, touch, and smell
- Chronic gastrointestinal disease
- Chronic heart failure
- Chronic kidney disease (CKD)
- Chronic lung disorders
- Conditions associated with cognitive impairment
- Conditions that require continued therapy services in order for individuals to maintain or retain functioning
- Conditions with functional challenges
- Dementia
- Diabetes mellitus
- HIV/AIDS
- Immunodeficiency and immunosuppressive disorders
- Neurologic disorders
- Overweight, obesity, and metabolic syndrome
- Post-organ transplantation
- Severe hematologic disorders
- Stroke

Name:	Date of Birth:
Signature:	Phone:

- **Fax completed and signed form with your enrollment application to 205-994-7530;**
- Or email form to faxapplications@simpra.com;
- Or mail form to Simpra Advantage, PO Box 23607, Tampa, FL 33623-3607.