Ascension **Complete**

2023
Summary of Benefits

Alabama

Ascension Complete Providence DSNP (HMO D-SNP)

H4343 | 006

We know how important it is to have a health plan you can count on.

This is a summary of drug and health services covered by Ascension Complete Providence DSNP (HMO D-SNP) from January 1, 2023 to December 31, 2023.

This booklet will provide you with a summary of what we cover and the cost-sharing responsibilities. It does not list every service, limitation, or exclusion. A complete list of services can be found in the plan's Evidence of Coverage (EOC). You can find the Evidence of Coverage on our website at ascensioncomplete.com. To request a copy, please call 1-866-281-2878 (TTY 711): Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Who can join?

To enroll in one of our plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area. Members must continue to pay their Medicare Part B premium if not otherwise paid for under Medicaid or by another third party. To be eligible, the beneficiary must also be a United States citizen or are lawfully present in the United States.

Our service area includes these counties in Alabama: Escambia and Mobile.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

You must also be enrolled in the Alabama Medicaid plan. Premiums, copayments, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive. Your Part B premium is paid by the State of Alabama for full-dual enrollees. Please contact the plan for further details.

Understanding Dual Eligibility

Medicaid is a joint federal and state government program that helps with medical costs for certain people with limited incomes and resources. Medicaid benefits are valuable because the state provides additional healthcare coverage and financial support based on your Medicare Savings Program (MSP) aid level. Medicaid coverage varies depending on the state and the type of Medicaid you have. What you pay for covered services may depend on your level of Medicaid eligibility. Some people with Medicaid get help paying for their Medicare premiums and other costs. Other people may also get coverage for additional services and drugs that are covered under Medicaid but not by Medicare.

Dual Eligible Special Needs Plan (DSNPs) are specialized Medicare Advantage plans that provide healthcare benefits for beneficiaries that have both Medicare and Medicaid coverage. Beneficiaries must meet certain income and resource requirements with eligibility and scope of benefits offered determined by the state where the plan is offered.

Medicare Savings Program (MSP) Levels

- ***Full-Benefit Dual Eligible (FBDE):*** Medicaid may pay for your Medicare Part A & B premiums, deductibles, coinsurances, and copayments. Eligible beneficiaries also receive full Medicaid

benefits.

- ***Qualified Medicare Beneficiary (QMB):*** Alabama Medicaid will pay for your Medicare Part B Premiums, deductibles, coinsurances, and copayments. Regarding Medicare Part A premiums, Alabama Medicaid has Conditional Part A benefits only. This means that Medicare Part A premiums are paid only under limited circumstances. (Some people with QMB are also eligible for full Medicaid benefits (QMB+))
- **Specified Low-Income Medicare Beneficiary (SLMB)**: Medicaid will absorb the cost of your Medicare Part B Premiums. Some people with SLMB are also eligible for full Medicaid benefits (SLMB+)
- ***Qualified Individual (QI):*** Medicaid will pay costs associated with Medicare Part B
- ***Qualified Disabled Working Individual (QDWI):*** Medicaid will pay costs associated with Medicare Part A

Note: Some MSP levels automatically qualify for "Extra Help" for Medicare prescription drug coverage assistance. Some states do not cover Parts A & B cost sharing.

What is "Extra Help?"

A Low Income Subsidy (LIS), also referred to as "Extra Help," may be available to help you with Part D out-of-pocket expenses such as premiums, deductibles, coinsurance, or copayments. Many people qualify for the "Extra Help" Program and don't even know it. Keep in mind that assistance may also depend on your Medicare Savings Program (MSP) level and your dual eligible status.

If you have questions about your Medicaid eligibility and what benefits you are entitled to, call the number listed on the back cover of this document.

This plan is available to anyone who has both Medical Assistance from the State and Medicare.

Health Maintenance Organizations (HMOs) are health care plans offered by an insurance provider with a network of contracted healthcare providers and facilities. HMOs generally require members to select a primary care provider (PCP) to coordinate care and if you need a specialist, the PCP will choose one who is also in our network.

Our plans give you access to our network of highly skilled medical providers in your area. You can look forward to choosing a primary care provider (PCP) to work with you and coordinate your care. You can ask for a current provider and pharmacy directory or, for an up-to-date list of network providers, visit ascensioncomplete.com. (Please note that, except for emergency care, urgently needed care when you are out of the network, out-of-area dialysis services, and cases in which our plan authorizes use of out-of-network providers, if you obtain medical care from out-of-plan providers, neither Medicare nor our plan will be responsible for the costs.)

Our plans also include prescription drug coverage and access to our large network of pharmacies. Some of our network pharmacies have preferred cost-sharing. You may pay less if you use these pharmacies. Our plans use a formulary. Our drug plans are designed specifically for Medicare beneficiaries and include a

comprehensive selection of affordable generic and brand name drugs.

Which doctors, hospitals and pharmacies can I use? Ascension Complete Providence DSNP (HMO D-SNP) has a network of doctors, hospitals, pharmacies, and other providers. You can save money by using our preferred mail-order pharmacy and by using providers in the plan's network. With some plans if you use providers that are not in our network, your share of the costs for covered services may be higher.

You can see our plan's provider and pharmacy directory and for plans with prescription drug coverage, our complete plan Formulary (list of Part D prescription drugs) on our website at ascensioncomplete.com.

For more information, please call us at 1-866-281-2878 (TTY users should call 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones). Visit us at ascensioncomplete.com.

We must provide information in a way that works for you (in languages other than English, in audio, in braille, in large print, or other alternate formats, etc.). Please call Member Services if you need plan information in another format.

Benefits

	Ascension Complete Providence DSNP (HMO D-SNP) H4343, Plan 006
Service Area	Our service area includes these counties in Alabama: Escambia and Mobile.
Special Needs Plans Eligibility Criteria	This plan includes (FBDE, QMB, QMB+, SLMB+). Refer to "Medicare Savings Program (MSP) Levels" at the beginning of this document
Premiums, copays, coinsurance, and deductibles may vary based on your Medicaid eligibility category and/or the level of Extra Help you receive	
Monthly plan premium (includes both medical and drugs)	$0 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.
Deductible	No deductible
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	$8,300 in-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.
Inpatient Hospital coverage	Days 1-90: $0 copay per admission. *
Outpatient Hospital coverage Outpatient hospital services	$0 copay for surgical and non-surgical services *
Outpatient hospital observation services	$0 copay *
Ambulatory surgical center (ASC) services	$0 copay *

Services with an asterisk (*) may require prior authorization.
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Benefits

	Ascension Complete Providence DSNP (HMO D-SNP) H4343, Plan 006
Doctor Visits	
Primary Care Physicians	$0 copay
Specialists	$0 copay *
Preventive Care (e.g., Annual Wellness visit, Bone mass measurement, Breast cancer screening (mammogram), Cardiovascular screenings, Cervical and vaginal cancer screening, Colorectal cancer screenings, Diabetes screenings, Hepatitis B Virus Screening, Prostate cancer screenings (PSA), Vaccines (including Flu shots, Hepatitis B shots, Pneumococcal shots))	$0 copay
Emergency care	$0 copay
Worldwide emergency coverage	$95 copay Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. There is no worldwide coverage for care outside of the emergency room or emergency hospital admission. The copay is not waived if admitted to the hospital for worldwide emergency services.
Urgently needed services	$0 copay
Worldwide urgent care coverage	$95 copay Worldwide emergency and worldwide urgently needed services are subject to a $50,000 maximum plan coverage. The copay is not waived if admitted to the hospital for worldwide urgently needed services.

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Benefits

	Ascension Complete Providence DSNP (HMO D-SNP) H4343, Plan 006
Diagnostic Services/Labs/Imaging	COVID-19 testing and specified testing-related services at any location are $0.
Lab services	$0 copay *
Diagnostic tests and procedures	$0 copay *
Outpatient X-rays	$0 copay *
Diagnostic radiology services (e.g. MRI, CAT Scan)	$0 copay *
Therapeutic Radiology	$0 copay *
Hearing services Hearing Exam Medicare Covered	$0 copay ▪ *
Routine hearing exam	$0 copay ▪ * 1 exam every year

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Benefits

	Ascension Complete Providence DSNP (HMO D-SNP) H4343, Plan 006
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	$0 copay ▪ * 1 fitting(s) / evaluation(s) every year
Hearing aid allowance	Up to a $1,500 allowance per ear every year for hearing aids.
All types	$0 copay ▪ * Limited to 2 hearing aid(s) every year
Additional Hearing Information	**What you should know** Medicare covers diagnostic hearing and balance exams if your doctor or other health care provider orders these tests to see if you need medical treatment.
Dental services	
Preventive services	$0 copay * Cleanings 2 every year Dental x-rays 1 every 12 to 36 months depending on type of service Oral exams 2 every year

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Benefits

	Ascension Complete Providence DSNP (HMO D-SNP) H4343, Plan 006
Fluoride Treatment	$0 copay * 1 every year
Comprehensive services	
Medicare-covered	$0 copay for each Medicare-covered service *
Diagnostic Services	$0 copay * 1 diagnostic service(s) every year
Restorative Services	$0 copay * 3 restorative service(s) every 12 to 84 months depending on type of service
Endodontics/ Periodontics/ Extractions	$0 copay * 1 endodontic service(s) per tooth 8 periodontic service(s) every 6 to 36 months depending on type of service 8 extraction(s) every 12 months
Non-routine services	$0 copay * 1 non-routine service(s) every date of service to 60 months depending on type of service

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Benefits

	Ascension Complete Providence DSNP (HMO D-SNP) H4343, Plan 006
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	$0 copay * Prosthodontics - every 12 to 84 months depending on type of service. Oral/maxillofacial surgery - every 12 to 60 months or per lifetime depending on type of service. Dental implants - 2 implants (and related services) every 12 to 84 months depending on type of service. Other services - every 6 to 60 months depending on type of service.
Vision Services Eye Exam Medicare Covered	 $0 copay (Medicare-covered diabetic retinopathy screening) $0 copay (all other Medicare-covered eye exams) ▪ *
Routine eye exam (Refraction)	$0 copay ▪ * 1 exam every year
Glaucoma screening	$0 copay for each Medicare-covered service.
Eyewear Medicare Covered	$0 copay ▪ *
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames Eyewear allowance	 $0 copay ▪ * Up to a $400 combined allowance towards contacts and glasses (lenses and/or frames) every year.

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Benefits

	Ascension Complete Providence DSNP (HMO D-SNP) H4343, Plan 006
Mental Health Services Inpatient visit	Days 1-90: $0 copay per admission. *
Outpatient individual therapy visit	$0 copay *
Outpatient group therapy visit	$0 copay *
Skilled nursing facility (SNF)	Days 1-100: $0 copay per admission. *
Therapy and Rehabilitation Services Physical Therapy	$0 copay *
Outpatient rehabilitation services provided by an occupational therapist	$0 copay *
Pulmonary rehabilitation services	$0 copay
Ambulance Ground Ambulance	$0 copay *
Air Ambulance	$0 copay *

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Benefits

	Ascension Complete Providence DSNP (HMO D-SNP) H4343, Plan 006
Transportation Services	Unlimited routine transportation trips to plan-approved health-related locations. $0 copay (per one-way trip) * **What you should know:** Mileage limitations may apply. Call Member Services 72 hours in advance to reserve a ride for your appointment.
Medicare Part B Drugs Chemotherapy drugs	$0 copay *
Other Part B drugs	$0 copay *

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Prescription Drug Coverage	Ascension Complete Providence DSNP (HMO D-SNP) H4343, Plan 006	
Stage 1: Annual Prescription Deductible		
Deductible	This plan has no deductible for Part D covered drugs, this payment stage doesn't apply.	
Stage 2: Initial Coverage (after you pay your deductible, if applicable)		
You pay the following until your total yearly drug costs reach $4,660. The cost share you pay depends on your level of "Extra Help". Total yearly drug costs are the total drug costs paid by both you and our plan. Once you reach this amount, you will enter the Coverage Gap.		
Important Message About What You Pay for Vaccines and Insulin: Our plan covers most Part D vaccines at no cost to you, even if you have not paid your deductible (if your plan has a deductible). 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 is on, even if you have not paid your deductible (if your plan has a deductible).		
Retail cost-sharing (30-day/90-day supply)		
	Preferred	**Standard**
Tier 1 Preferred Generic Drugs	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%
Tier 2 Generic Drugs	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%
Tier 3 Preferred Brand Drugs	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%
Tier 4 Non-Preferred Drugs	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%
Tier 5 Specialty Tier	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15% Limited to 30 day supply	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15% Limited to 30 day supply
Tier 6 Select Care Drugs	$0 copay	$0 copay

Prescription Drug Coverage	Ascension Complete Providence DSNP (HMO D-SNP) H4343, Plan 006	
Stage 2: Initial Coverage (after you pay your deductible, if applicable) (Continued)		
Mail-order cost-sharing (30-day/90-day supply)		
	Preferred	**Standard**
Tier 1 Preferred Generic Drugs	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%
Tier 2 Generic Drugs	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%
Tier 3 Preferred Brand Drugs	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%
Tier 4 Non-Preferred Drugs	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15%
Tier 5 Specialty Tier	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15% Limited to 30 day supply	Generics: $0 / $1.45 / $4.15 / 15% Brands: $0 / $4.30 / $10.35 / 15% Limited to 30 day supply
Tier 6 Select Care Drugs	$0 copay	$0 copay
Stage 3: Coverage Gap		
	After your total drug costs (including what our plan has paid and what you have paid) reach $4,660, you will pay your "Extra Help" cost share or no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.	
Stage 4: Catastrophic Coverage		
	After your yearly out-of-pocket drug costs (not including what the plan has paid, but including drugs you purchased through your retail pharmacy and through mail order) reach $7,400, depending on your level of “Extra Help” you pay nothing or: • $4.15 copay for generics (including brand drugs treated as generic), or • $10.35 copay for all other drugs	

Generic drugs may be covered on tiers other than Tier 1 and Tier 2. Please check this plan's Formulary to validate the specific tier on which your drugs are covered.

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

Additional Benefits

	Ascension Complete Providence DSNP (HMO D-SNP) H4343, Plan 006
Chiropractic Care Medicare-covered	$0 copay *
Routine chiropractic services	$0 copay * 12 visit(s) every year
Acupuncture Medicare-covered	$0 copay *
Podiatry Services (Foot Care) Medicare Covered	$0 copay *
Routine Podiatry Services	$0 copay * 12 visit(s) every year
Virtual Visits	Our plan offers 24 hours per day, 7 days per week virtual visit access to board certified doctors via Teladoc to help address a wide variety of health concerns/questions. Covered services include general medical, behavioral health, dermatology, and more. A virtual visit (also known as a telehealth consult) is a visit with a doctor either over the phone or internet using a smart phone, tablet, or a computer. Certain types of visits may require internet and a camera-enabled device. For more information, or to schedule an appointment, call Teladoc at 1-800-835-2362 (TTY:711) 24 hours a day, 7 days a week.

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Additional Benefits

	Ascension Complete Providence DSNP (HMO D-SNP) H4343, Plan 006
Home health agency care	$0 copay *
Meals Post-Acute Meals	$0 copay ▪ **What you should know:** You pay nothing for meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days with a maximum of 42 meals per occurrence for an unlimited number of occurrences per year.
Medical Equipment/Supplies Durable Medical Equipment (DME)	$0 copay *
Prosthetics	$0 copay *
Diabetic supplies	$0 copay * Limitations may apply
Diabetic therapeutic shoes or inserts	$0 copay *
Opioid treatment program services	$0 copay *
Over-the-Counter (OTC) Items	$0 copay Maximum benefit is $520 every three months to spend on plan-approved OTC items. Limitations may apply. At the end of each benefit period, any unused benefit dollars will expire.

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Additional Benefits

	Ascension Complete Providence DSNP (HMO D-SNP) H4343, Plan 006
	What you should know: You can purchase eligible OTC items from participating CVS retail locations with your plan's Member ID Card or from the catalog by phone or online for home delivery. - To place an order over the phone call: 1-866-528-4679, (TTY 711) - Order via the catalog online at www.cvs.com/otchs/ascensioncomplete
Wellness Programs Fitness	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage. $0 copay Coverage includes: Activity Tracker and Physical Fitness **What you should know:** This benefit covers an annual membership at a participating health club or fitness center. For members who do not live near a participating fitness center and/or prefer to exercise at home, members can choose from available exercise programs to be shipped to them at no cost. A fitness tracker may be selected as part of a home fitness kit.
Additional sessions of smoking and tobacco cessation counseling	$0 copay Limited to 5 visit(s) every year
Additional Routine Annual Physical	$0 copay **What you should know:** The exam includes a detailed medical/family history, performance of a detailed head-to-toe assessment with a hands-on examination of all the body systems, recommendations for preventive screenings/care, and counseling about healthy behaviors, and is beyond the Annual Wellness Visit services.

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Additional Benefits

	Ascension Complete Providence DSNP (HMO D-SNP) H4343, Plan 006
24-Hour Nurse Advice Line	$0 copay
Personal emergency medical response device (PERS)	$0 copay
Spiritual Care	$0 copay The health plan offers 24 hours per day, 365 days a year virtual visits and access to professionally trained chaplains through the Ascension On Demand Spiritual Care program. Chaplains are experienced in such things as spiritual assessments, care for grief and loss and stress management. Using the Ascension Online Care platform or through Ascension's care management team, members who are experiencing spiritual and emotional concerns can connect to a chaplain to help address their needs and find light in challenging times.
Counseling services	$0 copay In addition to the Medicare-covered outpatient mental health benefits, we cover counseling for general topics such as marriage, family and grief. You may see a Medicare-qualified mental health professional, or access these services over the phone and online using our plan's virtual visit provider. Virtual visits are accessible 24 hours a day, 7 days a week.
Special Supplemental Benefits for Chronically Ill (SSBCI) These supplemental benefits are only available to high-risk, chronically ill members who meet additional criteria for eligibility including: having documentation of an active diagnosis for one or more specific health conditions that is life threatening or significantly limits overall health or function AND	Non-Medical Transportation: You pay a $0 copay for unlimited non-medical one-way trips every year. Limitations apply. Helper Bees Care Concierge: You pay $0 copay Provides a monthly allowance of 100 credits for plan-approved services. Limitations apply. Utility Flex Card: You pay $0 copay Plan covers up to $125 per month to help cover the cost of utilities for your home. Limitations apply. ▪ *

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Additional Benefits

	Ascension Complete Providence DSNP (HMO D-SNP) H4343, Plan 006
being at high risk for hospitalization AND requiring intensive care management. Additional information, including qualifying conditions can be found in the Evidence of Coverage or by calling Member Services.	**What you should know:** Benefits mentioned may be part of Special Supplemental Benefits for the Chronically Ill. Not all members will qualify.
Flex Card	$1,000 yearly benefit **What you should know:** The flex card benefit is a debit card that may be used to cover out of pocket dental, vision or hearing costs. The flex card has a limit of $250 for vision services. The remaining balance may be spent between dental and hearing services as you see fit.

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Comprehensive Written Statement for Prospective Enrollees

The benefits described in the Premium and Benefit section of the Summary of Benefits are covered by our Ascension Complete Providence DSNP (HMO D-SNP). For each benefit listed, you can see what our plan covers. What you pay for covered services may depend on your level of Medicaid eligibility. Coverage of the benefits described in this Summary of Benefits depends upon your level of Medicaid eligibility. No matter what your level of Medicaid eligibility is, Ascension Complete Providence DSNP (HMO D-SNP) will cover the benefits described in the Premium and Benefit section of the Summary of Benefits. If you have questions about your Medicaid eligibility and what benefits you are entitled to, call Alabama Medicaid toll-free at 1-334-242-5000 (For hearing impaired, the TTY number is 1-800-253-0799).

Our source of information for Medicaid benefits is http://www.medicaid.alabama.gov/. All Medicaid covered services are subject to change at any time. For the most current Alabama Medicaid coverage information, please visit http://www.medicaid.alabama.gov/ or call Member Services for assistance. A detailed explanation of Alabama Medicaid benefits can be found in the Alabama Summary of Services online at http://www.medicaid.alabama.gov/.

DESCRIPTION OF ADDITIONAL MEDICAID BENEFITS

Certain Medicare recipients qualify for Medicaid to pay their Medicare Part B (supplemental medical insurance) premiums and for some services not covered by Medicare. Some of these extra benefits include eye exams and eyeglasses, Home and Community Based services (if eligible), mental health services, prescription drugs that are not covered by Medicare Part D, and non-emergency transportation. In some cases, Medicaid may pay their Part A (hospital insurance) premium.

The people in this group include:

- **QMB-Plus**
- **Full Benefit Dual Eligible or FBDE recipient**
- **SLMB-Plus**

Ascension Complete and Alabama Medicaid have agreed to work together to offer another choice for full Medicaid recipients who have Medicare Part A and Part B. If you join Ascension Complete you do not have to pay for deductibles, copayments or coinsurance for services that are covered by Medicare. You may also qualify for the benefits listed below.

Benefits Available to QMB-Plus, Full Benefit Dual Eligibles and SLMB-Plus

Benefit Category	Alabama Medicaid
Eye Care Services: Medicaid pays for eye exams and eyeglasses once every three calendar years. Contact lenses may be provided only under certain conditions and when approved ahead of time.	$1.30 to $3.90 for eye exams. NOTE: You must buy your glasses from a Medicaid-approved contract provider.
Home and Community Based Services: Programs that allow certain disabled clients to stay in their homes rather than live in a nursing home.	You must meet certain medical criteria to qualify for this service.
Intermediate Care Facility for Intellectual Disabilities (ICF-ID) ICF-ID facilities provide a protected residential setting and services to help individuals function.	You must meet certain medical criteria to qualify for this service.
Non-Emergency Transportation NET helps cover the costs of rides to and from medically necessary appointments if Medicaid recipients have no other way to get to their appointments.	You must call and get prior approval for this service.
Prescription Drugs	.65 to $3.90 per prescription for Part D excluded drugs covered by Alabama Medicaid. Medicaid does not cover Part D covered drugs (defined by CMS) for dual eligibles.

Medicaid Appeals and Grievances

You may request a fair hearing from the Alabama Medicaid Agency if the Agency reduces or denies services based on medical criteria or when eligibility benefits are denied, terminated, or reduced.

Your written request must be received by Medicaid within 60 days from the date the notice of action is mailed that a covered service or eligibility benefit has been reduced, denied, or terminated.

Mail requests to:

Alabama Medicaid Agency
Attention: Hearings Coordinator
501 Dexter Avenue
P.O. Box 5624
Montgomery, Al 36103-5624

If you have questions, call the Alabama Medicaid Recipient Inquiry Hotline at 1-800-362-1504. The call is free. (For the hearing impaired, the TTY number is 1-800-253-0799. The call is free.)

"All Medicaid services are made available in accordance with Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and the Americans with Disabilities Act of 1990. Complaints concerning these matters should be directed to the Civil Rights Coordinator, Alabama Medicaid Agency."

Multi-Language Insert

Multi-Language Interpreter Services

Spanish: Contamos con servicios de interpretación gratuitos para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, simplemente llámenos a los números del plan que figuran en las siguientes páginas. Alguien que hable español puede ayudarle. Este es un servicio gratuito.

Chinese Mandarin: 我们有免费的口译服务来回答您就我们的健康或药物计划提出的任何问题。如需口译员，只需拨打以下页面上的计划号码致电联系我们。会说中文普通话的人员可以协助您。此为免费服务。

Chinese Cantonese: 我們有免費的口譯服務來回答您就我們的健康或藥物計劃提出的任何問題。如需口譯員，只需撥打以下頁面上的計劃號碼致電聯絡我們。會說粵語的人員可以協助您。此為免費服務。

Tagalog: Meron kaming libreng serbisyo ng interpreter para sagutin anumang tanong na meron ka tungkol sa aming plano ng kalusugan o gamot. Para makakuha ng interpreter, tawagan lang kami sa mga numero ng plano na nasa sumusunod na mga pahina. Matutulungan ka ng sinumang nagsasalita ng Tagalog. Libreng serbisyo ito.

French: Nous disposons de services d'interprétation gratuits pour répondre à toutes les questions que vous pourriez vous poser au sujet de notre régime de soins médicaux ou de notre régime d'assurance-médicaments. Pour bénéficier des services d'un interprète, il suffit de nous appeler aux numéros de régime indiqués dans les pages suivantes. Quelqu'un qui parle français peut vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi cung cấp dịch vụ phiên dịch viên miễn phí để trả lời bất kỳ câu hỏi nào quý vị có về chương trình y tế hoặc thuốc của chúng tôi. Để nhận được dịch vụ phiên dịch, chỉ cần gọi cho chúng tôi theo số điện thoại của chương trình trong các trang sau. Người nào đó nói tiếng Việt có thể giúp quý vị. Đây là dịch vụ miễn phí.

German: Wir bieten Ihnen einen kostenlosen Dolmetscherdienst, um alle Ihre Fragen zu unserem Gesundheits- oder Medikamentenplan zu beantworten. Um einen Dolmetscher zu finden, rufen Sie uns einfach unter den auf den folgenden Seiten angegebenen Plan-Nummern an. Jemand, der Deutsch spricht, kann Ihnen helfen. Dieser Service ist für Sie kostenlos.

Korean: 저희의 건강 또는 약품 플랜에 대한 질문에 답해 드릴 수 있는 무료 통역 서비스를 제공합니다. 통역사에게 연결하려면 다음 페이지에 있는 플랜 번호로 전화하시기 바랍니다. 한국어를 하는 분이 도와드릴 수 있습니다. 이 통화는 무료 서비스입니다.

Russian: Мы предоставляем бесплатные услуги устного перевода, чтобы ответить на любые вопросы, которые могут возникнуть у вас о нашем плане медицинского страхования или страхового покрытия лекарственных препаратов. Чтобы получить устного переводчика, просто позвоните нам по номерам планов, указанным на следующих страницах. Вам поможет тот, кто говорит по-русски. Эта услуга предоставляется бесплатно.

Arabic: نوفر خدمات مترجم فوري للإجابة عن أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للاستعانة بمترجم، ما عليك سوى الاتصال بنا على أرقام الخطة في الصفحات التالية. شخص يتحدث العربية بمكنه مساعدتك. هذه الخدمة تقدم مجانًا.

Hindi: हमारे स्वास्थ्य या दवा योजना के बारे में आपके होने वाले किसी भी प्रश्न का उत्तर देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया प्राप्त करने के लिए, हमें निम्नलिखित पृष्ठों पर दिए गए प्लान नंबरों पर कॉल करें। कोई हिंदी भाषी व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian: Disponiamo di servizi di interpretariato gratuiti per rispondere ad eventuali domande in merito al nostro piano sanitario o farmaceutico. Per ottenere un interprete, chiami i recapiti del piano disponibili nelle pagine successive. Qualcuno che parla italiano Le sarà d'aiuto. Si tratta di un servizio gratuito.

Portugués: Temos serviços de intérprete gratuitos para responder quaisquer perguntas que você possa ter sobre nossos planos de saúde ou de medicamentos. Para solicitar um intérprete, ligue para nós através dos números do plano nas páginas a seguir. Um funcionário que fala português poderá ajudá-lo. Este serviço é gratuito.

French Creole: Nou gen sèvis entèprèt gratis pou reponn tout kesyon ou ka genyen konsènan plan sante oswa plan medikaman nou an. Pou jwenn yon entèprèt, annik rele nou nan nimewo plan yo ki sou paj annapre yo. Yon moun ki pale Kreyòl Franse kapab ede ou. Se yon sèvis gratis li ye.

Polish: Oferujemy bezpłatne usługi tłumaczeniowe w przypadku pytań dotyczących naszego planu zdrowotnego i lekowego. Aby skorzystać z tłumacza, prosimy zadzwonić do nas pod numery podane na kolejnych stronach. Pomocą posłużą osoby mówiące po polsku. Usługa jest bezpłatna.

Japanese: 当社の医療プランまたは処方薬プランについての質問にお答えする無料の通訳サービスをご利用いただけます。通訳サービスをご利用になるには、以降のページにおけるプランの番号までお電話ください。日本語を話すスタッフが対応いたします。これは無料のサービスです。

Hawaiian: Aia iā mākou he mau lawelawe māhele ʻōlelo manuahi e pane i nā ʻano nīnau āu no ka mākou papahana mālama olakino a hoʻolako lāʻau. No ka ʻimi i mea māhele ʻōlelo, e kelepona wale mai iā mākou ma nā helu kelepona e waiho nei ma kēia mau ʻaoʻao e koe nei. Na kekahi māhele ʻōlelo Hawaiʻi e kōkua iā ʻoe. He lawelawe manuahi kēia.

Ilocano: Addaankami kadagiti libre a serbisio ti panagipatarus tapno masungbatan dagiti aniaman a saludsodmo maipapan iti salun-at wenno plano iti agas. Tapno makaala iti tagaipatarus, tawagannakami laeng kadagiti numero ti plano kadagiti sumaganad a panid. Matulongannaka ti maysa a tao nga agsasao iti Ilocano. Daytoy ket libre a serbisio.

Samoan: E iai a matou auaunaga faʼaliliu upu fua e tali ai soʻo se fesili e te ono iai e uiga i la matou fuafuaga faʼalesoifua maloloina poʻo vailaʼau. Mo le mauaina o se faʼaliliu upu, naʻo le valaʼau mai i numera o fuafuaga o loʻo i itulau nei. E mafai e se tasi e tautala i le gagana Samoa ona fesoasoani ia te oe. Ose auaunaga e leai se totogi.

We're Just a Phone Call Away

ALABAMA
- HMO, PPO
- **1-833-623-0771**
- HMO D-SNP
- **1-833-542-1677**

FLORIDA
- HMO, HMO-POS
- **1-833-603-2971**
- HMO D-SNP
- **1-833-542-1676**

ILLINOIS
- HMO
- **1-833-293-5966**

INDIANA
- HMO, PPO
- **1-833-525-0824**
- HMO D-SNP
- **1-833-542-1679**

KANSAS
- HMO, PPO
- **1-833-816-6623**

MICHIGAN
- HMO, PPO
- **1-833-431-1356**
- HMO D-SNP
- **1-833-542-1678**

TENNESSEE
- HMO, PPO
- **1-833-906-2876**

TEXAS
- HMO, PPO
- **1-833-705-1358**

TTY FOR ALL OF THE ABOVE: 711

HOURS OF OPERATION

October 1 to March 31: Monday–Sunday, 8 a.m. to 8 p.m.

April 1 to September 30: Monday–Friday, 8 a.m. to 8 p.m.

Or visit **AscensionComplete.com**

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a Member Services representative at 1-866-281-2878 (TTY: 711). Hours are Monday - Sunday, 8 am - 8 pm (all time zones).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit ascensioncomplete.com or call 1-866-281-2878 (TTY: 711) to view a copy of the EOC. Hours are Monday - Sunday, 8 am - 8 pm (all time zones).
- ☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2024.
- ☐ **For HMO, CSNP and DSNP plans:** Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).
- ☐ This plan is a dual eligible special needs plan (D-SNP). Your ability to enroll will be based on verification that you are entitled to both Medicare and medical assistance from a state plan under Medicaid.

Contact Us

For more information, please contact us:

By phone

Toll-free at 1-866-281-2878 (TTY 711). Your call may be answered by a licensed agent.

Hours of Operation

Monday - Sunday, 8 am - 8 pm (all time zones)

Online ascensioncomplete.com

We're with our members every step of the way.

Ascension Complete is contracted with Medicare for HMO and PPO plans. Our D-SNP plans have a contract with the state Medicaid program. Enrollment in Ascension Complete depends on contract renewal.

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.