

2023 Optional Supplemental Benefits

If you are enrolled in Ascension Complete Florida Reward (HMO), you have the choice to customize and enhance your coverage with an Optional Supplemental Benefits Package. For an additional monthly premium you can take advantage of these great benefits.

Ascension **Complete**

When can I enroll?

New members can enroll until the end of the first month of initial coverage. Benefits will become effective the first of the following month. To be eligible for the Optional Supplemental Benefits Package, you must remain a member of Ascension Complete Florida Reward (HMO) Medicare Advantage plan. If you disenroll from your plan, you will be automatically disenrolled from the Optional Supplemental Benefits Package.

You may disenroll at any time from this option by providing written notice to Ascension Complete Florida Reward (HMO), but once disenrolled, reenrollment during the same calendar year will be limited. The available election periods for the optional benefits are from October 15, 2022 through December 31, 2022, for a January 1, 2023 effective date; January 1, 2023 through January 31, 2023, for a February 1, 2023 effective date.

See the Evidence of Coverage for a complete description of plan benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by service area. Prior Authorization (approval in advance) may be required to utilize some benefits in the Optional Supplemental Benefits Package.

Centene Silver 1500 40%, Vision 200 Benefits for Ascension Complete Florida Reward (HMO)

Additional monthly premium: \$45

Preventive and Comprehensive Dental

Annual benefit maximum: \$1,500 in-network

Preventive services	In-network
Oral exams Two every year	You pay \$0.
Cleanings (prophylaxis) Two every year	You pay \$0.
Fluoride treatment One every year	You pay \$0.
Dental X-rays One every 12 to 36 months, depending on the type of X-ray	You pay \$0.

Comprehensive services	In-network
Non-routine services One every date of service to 24 months	You pay 40%.
Diagnostic services One every year	You pay 40%.
Restorative services (Fillings) One every 12 to 84 months	You pay 40%.
Endodontic services (Root canals) Once per tooth	You pay 40%.
Periodontics (Dental implants and deep cleanings) One visit every 6 to 36 months	You pay 40%.
Extractions (Tooth removal) Once per tooth	You pay 40%.

Comprehensive services	In-network
<p>Prosthodontics, Other Oral/Maxillofacial Surgery</p> <p>Prosthodontics: One visit every 12 to 84 months</p> <p>Other Oral/Maxillofacial Surgery: One visit every 12 to 60 months or per lifetime</p>	<p>You pay 40%.</p>

Vision Benefits

You pay \$0 for a routine eye exam (available once every year).

There is an annual benefit maximum of \$200 every year for eyewear (frames and lenses or contact lenses).

This information is not a complete description of benefits. Call 1-833-603-2971 (TTY: 711) for more information.

You must continue to pay your Medicare Part B premium. The actual complete terms and conditions of the health plan are set forth in the applicable Evidence of Coverage document.

Between October 1 and March 31, representatives are available Monday–Sunday, 8 a.m. to 8 p.m. Between April 1 and September 30, representatives are available Monday–Friday, 8 a.m. to 8 p.m. However, please note during weekends and holidays from April 1 to September 30 our automated phone system may answer your call. Please leave your name and telephone number, and we will call you back within one (1) business day.

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.

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. Matutulongan 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 يمكنه 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 'ōlelo manuahi e pane i nā 'ano nīnau āu no ka mākou papahana mālama olakino a ho'olako lā'au. No ka 'imi i mea māhele 'ōlelo, e kelepona wale mai iā mākou ma nā helu kelepona e waiho nei ma kēia mau 'ao'ao e koe nei. Na kekahi māhele 'ōlelo Hawai'i e kōkua iā 'oe. 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 fa'aliliu upu fua e tali ai so'o se fesili e te ono iai e uiga i la matou fuafuaga fa'alesoifua maloloina po'o vaila'au. Mo le mauaina o se fa'aliliu upu, na'o le vala'au mai i numeraga o fuafuaga o lo'o i itulau nei. E mafai e se tasi e tautala i le gagana Samoa ona fesoasoani ia te oe. Ose auaunaga e leai se todogi.

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](https://www.ascensioncomplete.com)**