



Ascension **Complete**

New Member Kit

2023

Get the most out of your new health plan! Learn how to use your 2023 Medicare Advantage plan to make it work for you!

Welcome!

Thank you for choosing Ascension Complete for your Medicare needs.

With your choice comes coverage for inpatient hospital care, primary and specialist physician visits, prescription drugs, and much more.

Review this New Member Kit so you can get the most from your Medicare Advantage plan. To keep things simple, this kit is divided into three sections:

1 Things to do

Check out this section to learn how to schedule appointments with your primary care physician and get preventive care services.

2 Things to know

This section is where you'll learn to find important health plan documents. You'll also discover quick tips for getting the most from your new plan.

3 Things to learn

Find helpful definitions of words and phrases used in this kit. Learn how we protect your privacy, and more!

Take a few moments to go through your New Member Kit. If you still have questions or can't find what you're looking for, give us a call. We're here to help.

1-833-603-2971 (TTY: 711)

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.

AscensionComplete.com

Things to do

Save time, save money, and get more from your benefits.

Take a few minutes to:

- Sign up** for convenient prescription delivery by mail
- Learn** about your care options
- Enroll** in an optional supplemental benefits package

Prescription benefits

Get your prescription drugs in the way that works for you

The prescription drugs your doctor recommends can play a vital role in improving and maintaining your health. When your doctor gives you a new prescription, make sure to talk to them about generic options. Generic drugs offer the same health benefits as brand name drugs and will often save you money at the pharmacy.

Use a Retail Pharmacy

We have a large network of retail pharmacies that you can find on our website. You can also call Member Services for help finding a participating pharmacy near you. Retail pharmacies offer the ability to walk in with a prescription and get a supply of your medication right away, or refills on an ongoing basis.

Use a Preferred Pharmacy

Many of our plans offer additional savings when you go to preferred pharmacies within our network. When you use preferred pharmacies, you will often pay less for many of your medications than you would at a standard pharmacy. Check your Evidence of Coverage (EOC) to see if your plan offers preferred pharmacy copays.

Use Mail-Order Delivery

Some medications are prescribed for long-term (or chronic) conditions such as high blood pressure, diabetes, or high cholesterol. Many of these are available through our convenient mail-order service that delivers a 90-day supply of medication directly to you. When you call have a list of the medications you currently take available, your ID card, and contact information for your Primary Care Physician (PCP).

CVS[†] Caremark[®]

[†]Other Pharmacies/Physicians/Providers are available in our network.

Phone: **1-888-624-1139 (TTY: 711)**

24 hours a day, 7 days a week

Website: **Caremark.com**

Save time with Mail Order Prescriptions

Our home-delivery** service through CVS† Caremark® lets you have up to a 90-day supply of your medications mailed safely to your door. You save time, and in many cases, you save money too. CVS Caremark can even automatically refill and renew your home-delivery prescriptions at no extra cost.



Convenience

Your medications are delivered right to you, saving you trips to the pharmacy and travel time. Plus, standard shipping is always free! CVS Caremark will even contact your doctor to ask for a 90-day prescription. CVS Caremark also offers SimpleDose™ for those who take multiple medications and doses throughout the day. Please visit: <https://www.cvs.com/simpledose>.



Savings

\$0 copay for select medications* filled at CVS Caremark. That means you don't pay anything for those medications!



Get started today!

Call our mail order provider CVS Caremark toll-free at **1-866-808-7471 (TTY: 711)**, 24 hours a day, seven days a week. Or visit **Caremark.com**.

***For our Medicare Advantage members with Part D coverage (MAPD)**, this applies to Tier 1 (preferred generic) and Tier 2 (generic) medications.

To learn more, please refer to the plan's Evidence of Coverage and approved drug list (Formulary). Members may call the number on the back of their member ID card.

**Home delivery, also known as mail order service.

†Other pharmacies are available in our network.

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 **CVS caremark®**

Consider all of your options *before* going to the emergency room



Go to the ER if you're experiencing a life-threatening injury or illness.

1 Primary Care Physician (PCP)

Your PCP is your main physician. Call the office to schedule a visit if you don't need immediate medical care.

2 Nurse Advice Line

Medical professionals can answer your health questions.

Please refer to the phone number on the back of your health plan member ID card.

3 Telehealth

Use Telehealth for easy access to in-network providers for nonemergency health issues. Get medical advice, a diagnosis or a prescription from home.

To use Telehealth, download the **Teladoc** mobile app available in the App Store or Google Play store. You can also schedule Telehealth appointments online at **[Teladoc.com/AscensionComplete](https://www.teladoc.com/AscensionComplete)**.

4 In-Network Urgent Care Center

Go to a nearby urgent care center if your illness or injury isn't life-threatening and your PCP's office is closed. **In-network urgent care centers offer a lower cost share and faster service!**

Note: For all health visits, calls, and videos, please have a list of the current medications you are taking.

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.

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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)**

Things to know

Take a few minutes to learn about your new Medicare plan.

This is where you can find out about:

- Quick tips
- Self-service tools
- Your Extra Benefits

Get started with these quick tips

1 **Keep Your Member ID Card**

Your member ID card will arrive separately from this New Member Kit. Keep it in your wallet so you have it handy for all your healthcare services.

2 **Confirm Your PCP**

Check your member ID card to confirm if a provider is printed, as your preferred Primary Care Physician. If an incorrect PCP name is listed, please call Member Services toll-free at the number on the back of your ID card to change your PCP.

3 **Prior Authorization**

Some services must be authorized by the plan before you have the service. Your in-network PCP or specialist will contact the plan for authorization. It is always a good idea to check with your doctor to make sure the authorization is on file before the date of your service. For PPO and POS plans, out-of-network providers might not request prior authorization, but you can always ask the provider to contact the plan for a pre-service determination to make sure your service will be covered.

4 **Use the Network to Keep Your Costs Low**

Our provider network includes doctors, specialists, hospitals, and other providers. Remember: Network providers can help you save money. View the network at **www.AscensionComplete.com**.

Learn about your plan benefits

Go to **AscensionComplete.com** to get more information about your benefits. Online you can find the:

Evidence of Coverage

Your member handbook with all the details about your plan.

Summary of Benefits

An at-a-glance look at your benefits.

Comprehensive Formulary

This is a list of Part D drugs that are covered by your plan. The formulary is posted online at **AscensionComplete.com/formulary** and is updated throughout the year.

Use our easy self-service tools

Use these tools any time day or night to order ID cards, change your PCP, find a provider or pharmacy, pay your premium, order member materials, or view your benefits and copays. Features may vary by plan.



Website

Set up your online member account. Visit **Member.AscensionComplete.com** to create an account and log in to the secure member portal for access to all this and more:

- Order member materials
- Change your PCP
- Pay your premium, if you have one
- View copayments for your PCP, specialist, and hospital visits
- View claims
- Print your member ID card
- Communicate securely with Member Services in a secure environment



Automated Phone System

Call the automated phone system at **1-833-603-2971** (TTY: **711**) to:

- Check enrollment eligibility status
- Request an ID card
- Request transportation
- Reach the Nurse Advice Line
- File an appeal
- File a complaint
- Change your PCP
- Speak to someone regarding your Flex Card benefits
- Leave a voicemail
- Speak to a live agent
- Get your OTC benefit started
- Speak to someone regarding dental benefits
- Speak to someone regarding vision benefits

The Medicare Advantage Giveback Plan - Savings you can use!

Giveback plans are designed to credit a portion of your Medicare Part B premium back to you. Once you enroll, your plan and Medicare work together with the Social Security Administration (SSA) to get the giveback started.



IMPORTANT! It can take up to 3 months for Medicare and Social Security to process the giveback and for you to see the credit to your SSA payment or on your Medicare Part B bill.

If you get a payment from the SSA each month, the giveback will be directly deposited into your Social Security check. Your first adjusted check will include a lump sum if it takes more than one month to process the giveback.

If you pay your Medicare Part B premium to Medicare directly, you will receive a revised Part B premium bill that is reduced by the amount of the giveback. This happens once your giveback is processed (up to three months). Your first adjusted bill may be lower or even have a credit, depending on how long it takes to process your giveback amount.

If your Medicare Part B premium is subsidized or paid for by someone else (like Medicaid), you are not eligible to receive the giveback credit. This does not include circumstances where your premium is paid for by a relative or a friend.

Things to learn

It's all right here when you need it.

Use this section to find important information like:

- A glossary of important words and phrases
- Your rights
- How we protect your privacy

Glossary

Here's a list of terms you'll likely see or hear as you get settled in with your new plan.

Basic Medicare

Basic Medicare covers doctor visits, treatment in a hospital, skilled nursing facility or hospice, lab tests, surgery, some home healthcare, and durable medical equipment. You usually have to pay a monthly premium for Part B coverage. You also have to meet yearly deductibles.

Care Manager

A coach who can help you reach your health goals.

Coinsurance

The cost shared by you and your insurance plan. Coinsurance is usually a percentage of the total amount due.

Copayment

The fixed amount you pay each time for certain services, like a doctor visit or prescription drugs.

Cost-sharing

What you have to pay when you get services or drugs. Cost-sharing includes copayments and coinsurance.

Covered Drugs

This refers to all the prescription drugs covered by our plan.

Covered Services

This refers to the healthcare, long-term services and supports, supplies, prescription and over-the-counter drugs, and equipment covered by our plan.

Deductible

The amount you must pay each year for healthcare or prescriptions before your Medicare plan begins to cover some costs.

Emergency Care

Services given by trained emergency service providers to treat a medical emergency.

Evidence of Coverage (EOC)

This document explains what your health plan covers, how it works, and how much you will pay for services.

Explanation of Benefits (EOB)

This shows you the costs of your healthcare services and how much you owe. (For Part D prescription drugs, it shows how much you paid.) It is provided to you for your records. **Please note, it is not a bill.**

Formulary (List of Drugs)

A list of prescription drugs covered by your health plan. The drug list is divided into tiers to help you see how much, if anything, you have to pay.

Health Insurance Portability and Accountability Act (HIPAA)

A law in the United States that requires those in the healthcare field to protect your personal health information.

Health Maintenance Organizations (HMO) plans

In an HMO plan, you have to choose a primary care physician in our network. If you need a specialist, the PCP will choose one who is also in our network.

Health Maintenance Organizations Point of Service (HMO POS) plans

HMO POS plan members choose a primary care physician either in or out of our network. But you should remember that going outside of our network means you likely will pay more for that service. If a specialist is needed, the PCP will choose one who is also in our network.

In-Network Provider

A doctor or pharmacy in our network.

Low-Income Subsidy (LIS)

A program that subsidizes prescription drug costs for those who qualify. Also known as *Extra Help*.

Maximum Out-of-Pocket Costs (MOOP)

The most you will have to pay on deductibles, copayments, and coinsurance for covered services before your health plan pays 100% of the costs of covered benefits.

Mental Health Treatment

Treatment for a person with regard to their psychological and emotional well-being.

Out-of-Network Provider

A doctor or pharmacy not included in our network. If you use an out-of-network provider for your healthcare services, you will likely pay more.

Out-of-Pocket Costs

This is what you actually pay for your healthcare services.

Over-the-Counter (OTC) Drugs

Medications a consumer can get without a prescription.

Preferred Provider Organization (PPO) plans

PPO plans are similar to HMO plans, but with great flexibility. In a PPO plan, you don't need to choose a PCP and you don't need a referral to see a specialist.

Premium

The amount you pay each month to receive your Medicare Advantage coverage.

Prescription Drug Plan (PDP)

Prescription medication coverage, usually included in most Medicare Advantage plans.

Primary Care Physician (PCP)

Your PCP is your main healthcare professional. They make sure you get the care you need.

Prior Authorization

Approval in advance to get services or certain drugs that require authorization or may not be on our formulary. Some medical services and drugs are covered only if your doctor gets prior authorization from our plan.

Special Needs Plan (SNP)

A special type of Medicare Advantage Plan that provides more focused healthcare for specific groups of people, like those who have both Medicare and Medicaid, who live in a nursing home or who have certain chronic medical conditions.

Specialist

A doctor who provides healthcare for a specific disease or part of the body.

Substance Abuse

Dependence on an addictive substance, especially alcohol or drugs.

Urgent Care

A facility that provides a quick diagnosis or treatment of a non-life-threatening illness, injury or other medical condition when you are unable to see your PCP. Always check to make sure an urgent care facility is in-network.

Other Resources

Your Evidence of Coverage and Summary of Benefits are great places to learn about your plan benefits and details on how your coverage works.

Your Rights

You have the power to choose who will help you with important healthcare decisions.

Power of Attorney

Naming a power of attorney lets you choose someone, like a family member, to make important decisions on your behalf. If you want that person to be able to make health-related decisions, you must designate them as your Healthcare Power of Attorney.

Durable Power of Attorney

A durable healthcare power of attorney also lets you choose someone to make important healthcare decisions on your behalf. However, a durable healthcare power of attorney **remains valid even if you cannot make those decisions on your own.**

Appointment of Representative

An appointed representative is given special permission to ask for a health coverage decision or make an appeal for you.

Advance Directives

An advance directive is a written statement of your wishes for medical treatment – often including a living will – to ensure your wishes are carried out if you cannot communicate them to a doctor.

Ascension Complete Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. *Please review it carefully.*

Effective 03.01.2021

For help to translate or understand this, please call Member Services using the contact information at the end of this notice. Hearing impaired **TTY (711)**.

Si desea obtener ayuda para traducir o comprender este documento, llame a Servicios para Miembros al número que se encuentra al final de este aviso. Las personas con discapacidad auditiva pueden llamar al **TTY (711)**.

Covered Entity's Duties:

Ascension Complete is a Covered Entity as defined and regulated under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Ascension Complete is required by law to maintain the privacy of your protected health information (PHI), provide you with this Notice of our legal duties and privacy practices related to your PHI, abide by the terms of the Notice that is currently in affect and notify you in the event of a breach of your unsecured PHI.

This Notice describes how we may use and disclose your PHI. It also describes your rights to access, amend and manage your PHI and how to exercise those rights. All other uses and disclosures of your PHI not described in this Notice will be made only with your written authorization.

Ascension Complete reserves the right to change this Notice. We reserve the right to make the revised or changed Notice effective for your PHI we already have as well as any of your PHI we receive in the future. Ascension Complete will promptly revise and distribute this Notice whenever there is a material change to the following:

- The Uses or Disclosures
- Your rights
- Our legal duties
- Other privacy practices stated in the notice.

We will make any revised Notices available on our website or through a separate mailing.

Internal Protections of Oral, Written and Electronic PHI:

Ascension Complete protects your PHI. We have privacy and security processes to help.

These are some of the ways we protect your PHI.

- We train our staff to follow our privacy and security processes.
- We require our business associates to follow privacy and security processes.
- We keep our offices secure.
- We talk about your PHI only for a business reason with people who need to know.
- We keep your PHI secure when we send it or store it electronically.
- We use technology to keep the wrong people from accessing your PHI.

Permissible Uses and Disclosures of Your PHI:

The following is a list of how we may use or disclose your PHI without your permission or authorization:

- **Treatment** - We may use or disclose your PHI to a physician or other healthcare provider providing treatment to you, to coordinate your treatment among providers, or to assist us in making prior authorization decisions related to your benefits.
- **Payment** - We may use and disclose your PHI to make benefit payments for the healthcare services provided to you. We may disclose your PHI to another health plan, to a healthcare provider, or other entity subject to the federal Privacy Rules for their payment purposes. Payment activities may include:
 - processing claims
 - determining eligibility or coverage for claims
 - issuing premium billings
 - reviewing services for medical necessity
 - performing utilization review of claims
- **Healthcare Operations** - We may use and disclose your PHI to perform our healthcare operations. These activities may include:
 - providing customer services
 - responding to complaints and appeals
 - providing case management and care coordination
 - conducting medical review of claims and other quality assessment
 - improvement activities

In our healthcare operations, we may disclose PHI to business associates. We will have written agreements to protect the privacy of your PHI with these associates. We may disclose your PHI to another entity that is subject to the federal Privacy Rules. The entity must also have a relationship with you for its healthcare operations. This includes the following:

- quality assessment and improvement activities
 - reviewing the competence or qualifications of healthcare professionals
 - case management and care coordination
 - detecting or preventing healthcare fraud and abuse.
- **Group Health Plan/Plan Sponsor Disclosures** - We may disclose your protected health information to a sponsor of the group health plan, such as an employer or other entity that is providing a healthcare program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use the protected health information for employment-related actions or decisions).

Other Permitted or Required Disclosures of Your PHI:

- **Fundraising Activities** - We may use or disclose your PHI for fundraising activities, such as raising money for a charitable foundation or similar entity to help finance their activities. If we do contact you for fundraising activities, we will give you the opportunity to opt-out, or stop, receiving such communications in the future.
- **Underwriting Purposes** - We may use or disclose your PHI for underwriting purposes, such as to make a determination about a coverage application or request. If we do use or disclose your PHI for underwriting purposes, we are prohibited from using or disclosing your PHI that is genetic information in the underwriting process.
- **Appointment Reminders/Treatment Alternatives** - We may use and disclose your PHI to remind you of an appointment for treatment and medical care with us or to provide you with information regarding treatment alternatives or other health-related benefits and services, such as information on how to stop smoking or lose weight.
- **As Required by Law** - If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations.
- **Public Health Activities** - We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability. We may disclose your PHI to the Food and Drug Administration (FDA) to ensure the quality, safety or effectiveness of products or services under the jurisdiction of the FDA.

- **Victims of Abuse and Neglect** - We may disclose your PHI to a local, state, or federal government authority, including social services or a protective services agency authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence.
- **Judicial and Administrative Proceedings** - We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to the following:
 - an order of a court
 - administrative tribunal
 - subpoena
 - summons
 - warrant
 - discovery request
 - similar legal request.
- **Law Enforcement** - We may disclose your relevant PHI to law enforcement when required to do so. For example, in response to a:
 - court order
 - court-ordered warrant
 - subpoena
 - summons issued by a judicial officer
 - grand jury subpoena

We may also disclose your relevant PHI to identify or locate a suspect, fugitive, material witness, or missing person.
- **Coroners, Medical Examiners and Funeral Directors** - We may disclose your PHI to a coroner or medical examiner. This may be necessary, for example, to determine a cause of death. We may also disclose your PHI to funeral directors, as necessary, to carry out their duties.
- **Organ, Eye and Tissue Donation** - We may disclose your PHI to organ procurement organizations. We may also disclose your PHI to those who work in procurement, banking or transplantation of:
 - cadaveric organs
 - eye
 - tissues
- **Threats to Health and Safety** - We may use or disclose your PHI if we believe, in good faith, that the use or disclosure is necessary to prevent or lessen a serious or imminent threat to the health or safety of a person or the public.
- **Specialized Government Functions** - If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities. We may also disclose your PHI:
 - to authorized federal officials for national security
 - to intelligence agencies
 - the Department of State for medical suitability determinations
 - for protective services of the President or other authorized persons
- **Workers' Compensation** - We may disclose your PHI to comply with laws relating to workers' compensation or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

- **Emergency Situations** – We may disclose your PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or any other person previously identified by you. We will use professional judgment and experience to determine if the disclosure is in your best interests. If the disclosure is in your best interest, we will only disclose the PHI that is directly relevant to the person’s involvement in your care.
- **Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release your PHI to the correctional institution or law enforcement official, where such information is necessary for the institution to provide you with healthcare; to protect your health or safety; or the health or safety of others; or for the safety and security of the correctional institution.
- **Research** - Under certain circumstances, we may disclose your PHI to researchers when their clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

Uses and Disclosures of Your PHI That Require Your Written Authorization

We are required to obtain your written authorization to use or disclose your PHI, with limited exceptions, for the following reasons:

- **Sale of PHI** – We will request your written authorization before we make any disclosure that is deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.
- **Marketing** – We will request your written authorization to use or disclose your PHI for marketing purposes with limited exceptions, such as when we have face-to-face marketing communications with you or when we provide promotional gifts of nominal value.
- **Psychotherapy Notes** – We will request your written authorization to use or disclose any of your psychotherapy notes that we may have on file with limited exception, such as for certain treatment, payment or healthcare operation functions.

Individuals Rights

The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

- **Right to Request Restrictions** - You have the right to request restrictions on the use and disclosure of your PHI for treatment, payment or healthcare operations, as well as disclosures to persons involved in your care or payment of your care, such as family members or close friends. Your request should state the restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However,

we will restrict the use or disclosure of PHI for payment or healthcare operations to a health plan when you have paid for the service or item out of pocket in full.

- **Right to Request Confidential Communications** - You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where your PHI should be delivered.
- **Right to Access and Receive a Copy of your PHI** - You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation and will tell you if the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.
- **Right to Amend your PHI** - You have the right to request that we amend, or change, your PHI if you believe it contains incorrect information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request for certain reasons, for example if we did not create the information you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement that you disagree with our decision and we will attach your statement to the PHI you request that we amend. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.
- **Right to Receive an Accounting of Disclosures** - You have the right to receive a list of instances within the last 6 years period in which we or our business associates disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, healthcare operations, or disclosures you authorized and certain other activities. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. We will provide you with more information on our fees at the time of your request.
- **Right to File a Complaint** - If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice.

You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling **1-800-368-1019**, (TTY: **1-866-788-4989**) or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/**.

WE WILL NOT TAKE ANY ACTION AGAINST YOU FOR FILING A COMPLAINT.

- **Right to Receive a Copy of this Notice** - You may request a copy of our Notice at any time by using the contact information list at the end of the Notice. If you receive this Notice on our website or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice.

Contact Information

If you have any questions about this Notice, our privacy practices related to your PHI or how to exercise your rights you can contact us in writing or by phone using the contact information listed below.

Ascension Complete
Attn: Privacy Officer
PO Box 10420
Van Nuys, CA 91410

	D-SNP plans	All other plans
Alabama	833-542-1677	833-623-0771
Florida	833-542-1676	833-603-2971
Illinois	N/A	833-293-5966
Indiana	833-542-1679	833-525-0824
Kansas	N/A	833-816-6623
Michigan	833-542-1678	833-431-1356
Tennessee	N/A	833-906-2876
Texas	N/A	833-705-1358
Toll Free TTY	711	711

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.

Please contact your plan for details.

2023 Optional Benefit Individual Enrollment Form

Ascension Complete offers optional benefits for an additional monthly plan premium. This form may be used only by our current members who are adding the Optional Benefits Package to their existing Ascension Complete Medicare Advantage plan or who are already enrolled in an Optional Benefit Package and are switching to a different package option. The premium for optional supplemental benefits is paid in addition to the monthly plan premium and the Medicare Part B premium.

PLEASE PRINT

Name as it appears on Medicare card - Last First MI

Permanent residence address

City State ZIP

County of permanent residence address Phone number - -

Mailing address (if different from above)

City State ZIP

Email address (required if you want to receive documents online) Birth date Sex M F

Medicare # (from red, white and blue Medicare card) Ascension Complete Medicare Advantage plan

After you have completed this form, please mail it to:
Ascension Complete, PO Box 10420, Van Nuys, CA 91410-0420

Please complete this section if you are enrolling in an Optional Benefits Package

I am currently enrolled in an Ascension Complete Medicare Advantage plan, paying a monthly plan premium of \$ [] and wish to enroll in the Optional Benefits Package [] for an additional monthly premium of \$ [].

Please complete this section if you are a current member and are switching Optional Benefits Packages

I am currently enrolled in an Ascension Complete Medicare Advantage plan, **AND** Optional Benefits Package [] and wish to switch to Optional Benefits Package [] for an additional monthly premium of \$ [].

Please do not use this form to change Ascension Complete Medicare Advantage plans.

If choosing an Optional Benefit Package that includes HMO dental, please make a dental provider selection from the Ascension Complete Dental Provider Directory.

Provider name

Provider ID #

If you don't select a payment option, you will get a bill each month.

Please select a premium payment option:

- Get a bill
- Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check. I get monthly benefits from: Social Security RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

New members can enroll until the end of the first month of initial enrollment. Benefits will become effective the first of the following month. I understand that to be eligible for the Optional Supplemental Benefits Package, I must remain a member of an Ascension Complete Medicare Advantage plan. If I disenroll from my plan, I will be automatically disenrolled from the Optional Supplemental Benefits Package. If I discontinue payment of the Optional Supplemental Benefits Package, my membership in the Optional Supplemental Benefits Package will be terminated, and my Medicare Advantage (medical) plan enrollment status will not be affected. My coverage will default to my standard Ascension Complete Medicare Advantage plan (medical) only.

You may disenroll at any time from this option by providing written notice to Ascension Complete, 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.

When electing the HMO option, you understand that, beginning with the effective date of coverage for this Optional Benefits Package, in order for services to be covered, you must obtain those services through Ascension Complete contracted providers, with the exception of emergency or urgently needed services as described in the *Summary of Benefits or Evidence of Coverage* (EOC).

Release of information

I allow the Centers for Medicare & Medicaid Services (CMS) to give information to the Plan, and I allow the Plan, Plan's doctors and clinics, or anyone else with medical or other relevant information about me, to give CMS or CMS's agents the information needed to run the Medicare program. I also give the Plan authorization to release necessary or other relevant information about me to service providers. **I understand that my signature on this application means that I have read and understand the contents of this application and agree to abide by the plan rules concerning the Optional Benefits Plans.** (Please read your *Evidence of Coverage* document to know what rules you must follow in order to receive coverage with Ascension Complete).

Print name

Signature

Date

M M D D Y Y Y Y

If you are the authorized representative, you must provide the following information

Last name

First name

MI

Address

City

State

ZIP

Relationship to applicant

Phone number

 - -

Thank you for choosing Ascension Complete. If you have questions, please call Member Services at the number on the back of your member ID card (TTY: 711). 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.

OFFICE USE ONLY:

Group #

Effective date of coverage

M M D D Y Y Y Y

Correction of member information

Thank you for joining us!

**We're excited to serve your
healthcare needs.**

We're here for you:



1-833-603-2971 (TTY: 711)

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.



AscensionComplete.com

Important plan information