

Enrollment Guide

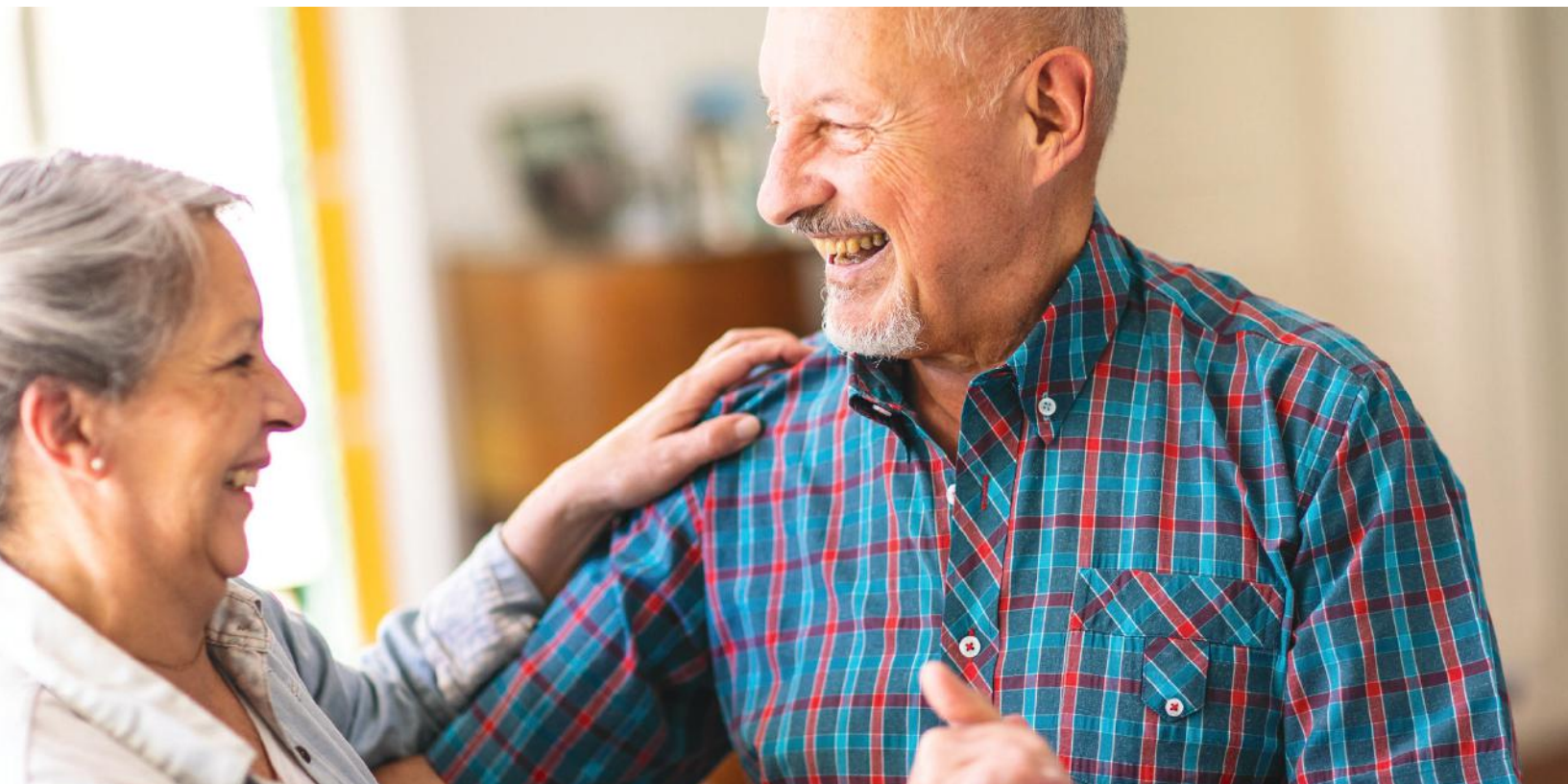
Alabama

Dual-Eligible Special Needs Plans

Ascension Complete St. Vincent's DSNP (HMO D-SNP)

H4343-005-000

2022



Ascension **Complete**



Ascension **Complete**

Ascension Complete, a hassle-free Medicare Advantage plan designed by the doctors you trust.

We know you have a lot to consider when choosing a healthcare plan. And, no one understands healthcare better than doctors. The good news is that Ascension Complete works directly with our network of doctors and hospitals to ensure you get the most from your health plan.

Ascension Complete is a different kind of Medicare Advantage plan. We're focused on providing you the care you need, when and where you need it. Members on our plan do not need referrals to see doctors and specialists within the Ascension network. And with \$0 to low monthly plan premiums, members also receive \$0 copays to see in-network primary care doctors, plus added benefits like spiritual care, enhanced dental, vision, prescription drugs, and more depending on eligibility and plan. All of this covered in one simple plan.

It is important that you enroll in the right Medicare plan for you. Please reach out to us - by phone or online - to get your questions answered or to begin the enrollment process. Together, we'll help ensure you receive all of the benefits of Medicare with none of the hassles.

That's Ascension Complete Medicare Advantage.

Ken Petronis

A handwritten signature in black ink, appearing to read "Ken Petronis". The signature is fluid and cursive, with a long horizontal stroke at the end.

Chief Operating Officer
Ascension Complete



What to expect

We don't expect you to be a Medicare expert. That's why we're here to help you. In this booklet, we'll talk about:

- **Medicare Basics** — Are you new to Medicare? Do you need a refresher? This section has the answers you need.
- **Benefits** — Do you want extras? Our plans may offer dental, vision, hearing, and/or over-the-counter benefits. We do our best to offer the options you want!
- **Enrollment** — We give you the dates you need to know and explain how to enroll.
- **What's Next?** — Until your official materials arrive, your *New Member Checklist and Application Receipt* towards the back of this book has the information you need.
- **Legal Stuff**

Get Help Choosing a Plan That's Right for You



Contact your local Licensed Representative

My Licensed Representative

My Licensed Representative's Phone Number



If you're ready to enroll over the phone, call us at 1-844-578-1926, (TTY: 711), Sunday-Saturday, 8 am to 8 pm, or visit AscensionComplete.com/enroll.



Current members can call Member Services toll-free at the number on the back of your member ID card.



Understanding Medicare

Medicare 101

Medicare, also known as basic Medicare, is federal health insurance. You can get Medicare if you are a citizen or permanent resident of the United States and ...

- Age 65 or older
- Younger than 65 with certain disabilities
- Any age with end-stage renal disease (ESRD) or amyotrophic lateral sclerosis (ALS, also called Lou Gehrig's disease)

While Medicare is a good program, it doesn't cover all of your healthcare expenses. You can choose between basic Medicare or a Medicare Advantage plan. You deserve an affordable plan that meets your needs and offers extra benefits to help you get — or stay — healthy.

Medicare has four parts:



Part A and B

Hospital and medical insurance

Basic Medicare consists of Part A (Hospital Insurance) and Part B (Medical Insurance), which covers things like inpatient care and doctor visits. You will have out-of-pocket costs, such as deductibles and coinsurance.



Part C

Medicare Advantage

Part C, otherwise known as Medicare Advantage, consists of Parts A and B, as well as additional benefits, such as dental, hearing, and vision. Medicare Advantage plans can also include Part D prescription benefits, often referred to as MAPD plans.



Part D

Prescription drug coverage

Part D helps cover the cost of prescription drugs. You can purchase a Prescription Drug Plan (PDP) on its own or you can purchase a Medicare Advantage plan that includes prescription drug coverage (MAPD).

Be sure to see the Summary of Benefits in this booklet for details on the specific additional benefits in each plan.

Basic Medicare vs. Medicare Advantage. What's the Difference?

Basic Medicare

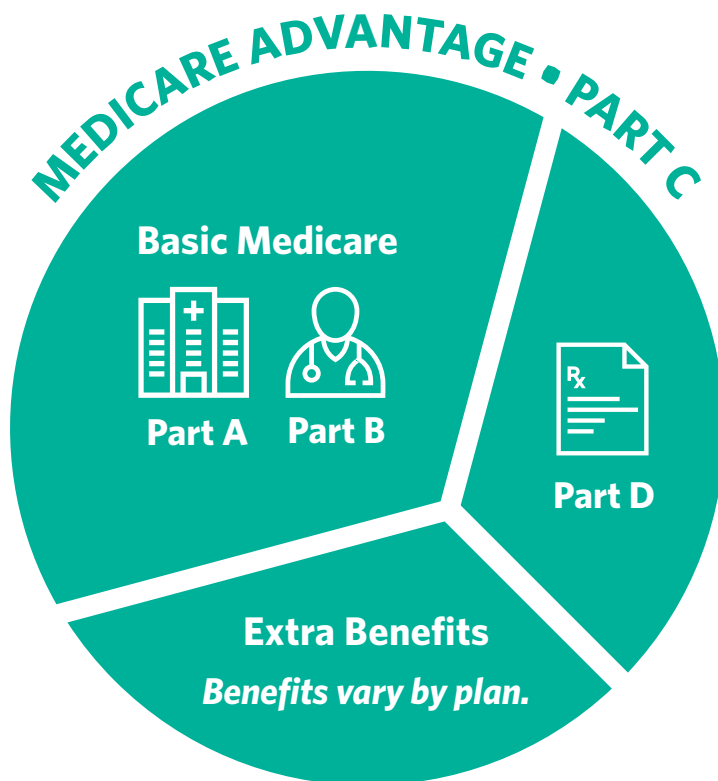
Basic Medicare covers doctor visits, treatment in a hospital, skilled nursing facility and hospice, lab tests, surgery, some home healthcare, and durable medical equipment. You usually have to pay a monthly premium for Part B coverage. You also have to meet yearly deductibles. There is some good news: At age 65, most people do not have to pay a premium for Part A coverage.

Basic Medicare will cover 80% of the approved amount for the cost of your care, but you must pay the other 20%. Remember: There is no limit to your out-of-pocket costs each year.

Medicare Advantage

Giving you the option to bundle your benefits into one plan

Medicare Advantage plans help you live a better, healthier life. All of Ascension Complete's plans give you Part A and Part B coverage. You may also get dental, vision, hearing, wellness, and fitness programs.



Here are a few benefits of Medicare Advantage plans:

- Many of our plans have no additional premium. You must continue to pay your Part B premium.
- Primary care visits have no or low copays.
- Ascension Complete Medicare Advantage plans have a cap on your yearly out-of-pocket expenses. If you reach the maximum out-of-pocket amount, you pay nothing for your covered Parts A and B services for the rest of the calendar year.
- Part D prescription drug coverage is also available.

Be sure to see the Summary of Benefits in this booklet for details on the specific additional benefits in each plan.

Get to Know Medicare Part D

Medicare Part D helps cover the cost of prescription drugs. Many people want Part D coverage to help control their costs for prescription drugs. To receive Part D coverage, you can join an Ascension Complete Medicare Advantage plan that includes prescription drug coverage or a standalone Prescription Drug Plan (PDP). Medicare Part D covers both brand-name and generic prescription drugs. You generally pay less — or nothing at all — for generic drugs.

Coverage Stages

In Medicare Part D prescription drug coverage, the amount you pay for your prescription drugs depends on the payment stage. Listed below are the standard Medicare Part D amounts. Coverage amounts may be different for the plan you choose. See the Summary of Benefits included in this booklet for specific coverage details.

- 1 Deductible**

This is the amount you pay before a plan covers your prescription drug costs. Some Ascension Complete plans have no deductible.
- 2 Initial Coverage**

During this stage, the plan pays its share of the cost and you pay your share. You are in this stage until your payments and the plan's payments total \$4,430 for the year.
- 3 Coverage Gap**

When your drug costs and plan payments for the year reach \$4,430, you enter the coverage gap stage. You might have heard this called the "donut hole." You pay 25% of the cost for formulary generic and brand-name drugs. You stay in this stage until your out-of-pocket costs for the year reach \$7,050.
- 4 Catastrophic Coverage**

After your out-of-pocket costs for prescription drugs reach \$7,050, the plan pays most of your drug costs for the rest of the year.

You will pay the greater of:

 - 5% of the cost of the drug; or
 - A copay of \$3.95 for generic drugs or \$9.85 for all other drugs.

Find out if you qualify for *Extra Help*

The *Extra Help* program is for members who have limited income and resources to pay for a Medicare prescription drug program. This helps pay for things like premiums, deductibles, and copayments. Depending on your income and resources, you may qualify for *Extra Help*.

To find out if you qualify, call **1-800-MEDICARE (1-800-633-4227)** 24 hours a day, 7 days a week; TTY users may call **1-877-486-2048**. Or apply online at **www.medicare.gov**, call Social Security at **1-800-772-1213 (TTY: 1-800-325-0778)**, or contact your state Medicaid Office.

Be sure to see the Summary of Benefits in this booklet for details on the specific additional benefits in each plan.

Learning About Different Types of Health Plans

When you understand the different types of Medicare Advantage plans, you can be sure to pick the one that is best for you.

Here are general descriptions about different health plans:

HMO | *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.

PPO | *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.

PDP | *Prescription Drug Plans (PDP)*

Also known as Medicare Part D, PDPs are standalone plans which add prescription drug coverage to Original Medicare and some Medicare Advantage plans.

HMO POS | *Health Maintenance Organizations Point of Service (HMO POS) plans*

HMO POS plan members have a selection of providers available to them, where they may choose to see providers in or out of 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.

PFFS | *Private Fee-for-Service (PFFS) plans*

A PFFS plan offers a fixed price that it will pay healthcare providers and facilities, such as a hospital. As a member, you must be sure your healthcare providers accept a PFFS payment.

Be sure to see the Summary of Benefits in this booklet for details on the specific additional benefits in each plan.



Your benefits

Plans That Combine Medicare and Medicaid Benefits

What is a Dual Special Needs Plan (D-SNP)? Medicare Advantage D-SNPs are designed for Medicare-eligible people who meet certain income limits that make them eligible for Medicaid as well. Depending on the level of Medicaid assistance you qualify for, you may pay a reduced amount, or pay nothing, for Part A and Part B services covered by our plans.



Member ID cards - The key to your benefits.

As a D-SNP member you will have two ID cards, one for your Medicare Advantage D-SNP and one for your Medicaid benefits. Carry them both with you when you go to visits or order supplies. Your providers will need both cards to make sure your claims get paid correctly.



Primary Care - A partner in care

Ascension Complete highly recommends you select a primary care physician (PCP) when you enroll. A PCP can assist in managing your day-to-day medical care and preventive services. They can also help you get necessary authorizations for services, order supplies, and arrange specialist care. Some of our plans require you to choose a PCP when you enroll. If you don't pick a PCP at enrollment, we will assign one to you. If you decide you want a different PCP, you can select a new PCP any time by calling Member Services at the number on the back of your Medicare Advantage D-SNP card.



Care Management

Ascension Complete has a friendly and dedicated care management team designed to help you meet your health goals. You may qualify for care management services as a D-SNP member if you have certain chronic or acute conditions. Your PCP may contact our plan to get you set up with care management. You may also call our Member Services team and they can help determine if you qualify for care services, or get you in touch with a care manager.

Take a Look at the Extra Benefits

Plans vary by region, and not all benefits are covered on all plans.

All plan types may not be available in your area. To see what's available in your area, please see the Summary of Benefits. As a member of Ascension Complete, these benefits may come included with your plan. Most of these benefits are not covered by basic Medicare and may have no or low deductibles, copays or coinsurances.



Dental Services

Ascension Complete covers some dental procedures at low or no cost to you. You may have access to care through a large dental network. Additional comprehensive services may be available.



Vision Services

Some plans may include routine exams and eyewear coverage with low cost to you.



Hearing Care Solutions Program

You may receive benefits such as routine hearing exams and hearing aids at low cost to you. Plans may include a yearly evaluation and an allowance toward a hearing aid.



Virtual Visits

Accessing a doctor is easier than ever since our plans offer easy access to a doctor through phone or video appointments. Virtual visits are convenient and offer 24-hour access to in-network healthcare providers for non-emergency or urgent care health issues including flu, rash, sinus infections, pink eye, seasonal allergies, and much more.



Meal Services

Plans allow members to get home-delivered meals. Special meals are also available that meet heart-healthy, diabetic-friendly or low-sodium guidelines.



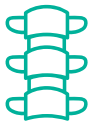
Over-the-Counter (OTC) Supplemental Benefits

Our plans offer an OTC program that gives you an allowance to spend on things you use for your healthy lifestyle, like vitamins, toothpaste, pain relievers and much more.



Fitness Benefits

It's easy to stay fit, have fun, and make new friends. Members may have access to home fitness kits and fitness center memberships.



Chiropractic Care

Natural healthcare practices may be available to you, once enrolled with Ascension Complete.



Transportation Services

Members have access to transportation coverage to the doctor and other approved locations.



Clinical Care Line

If you're sick or need medical advice after hours, the clinical care line is available 24 hours a day every day at no cost. Our nurses can also give you information about many general health topics and illnesses.

2022
Summary of Benefits

Alabama

Ascension Complete St. Vincent's DSNP (HMO D-SNP)

H4343 | 005

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 St. Vincent's DSNP (HMO D-SNP) from January 1, 2022 to December 31, 2022.

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. Or, you may call us to ask for a copy at the phone number listed on the back cover.

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.

Our service area includes these counties in Alabama: Bibb, Blount, Jefferson, Shelby, and St. Clair.

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. 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 St. Vincent's 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 1-844 578-1926 (TTY users should call 711). Hours are 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. 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 St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005
Service Area	Our service area includes these counties in Alabama: Bibb, Blount, Jefferson, Shelby, and St. Clair.
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 You must continue to pay your Medicare Part B premium, if not otherwise paid for by Medicaid or another third party.	\$0
Deductible	No deductible
Maximum out-of-Pocket Responsibility (does not include prescription drugs)	\$3,450 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 stay *
Outpatient Hospital coverage Outpatient hospital services	\$0 copay for surgical and non-surgical services *
Outpatient hospital observation services	\$0 copay *

Services with an asterisk () may require prior authorization.
Services with a square (▪) means a referral may be required.*

Benefits

	Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005
Ambulatory surgical center (ASC)	\$0 copay *
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	\$120 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

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

Services with a square (▪) means a referral may be required.

Benefits

	Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005
Worldwide urgent care coverage	\$120 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.
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

Services with an asterisk () may require prior authorization.
Services with a square (▪) means a referral may be required.*

Benefits

Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005	
Hearing Aids	
Hearing Aid Fitting/Evaluation(s)	\$0 copay * 1 fitting(s) / evaluation(s) every year
Hearing aid allowance	Up to a \$3,000 allowance for both ears combined 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 Oral exams 2 every year
Fluoride Treatment	\$0 copay * 1 every year
Comprehensive services	
Medicare Covered	\$0 copay for each Medicare-covered service *

Services with an asterisk () may require prior authorization.
Services with a square (■) means a referral may be required.*

Benefits

	Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005
Diagnostic Services	\$0 copay * 1 diagnostic service(s) every year
Restorative Services	\$0 copay * 1 restorative service(s) every 12 to 84 months
Endodontics/ Periodontics/ Extractions	\$0 copay * 1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth
Non-routine services	\$0 copay * 1 non-routine service(s) every day to 60 months
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	\$0 copay * 1 Prosthodontic procedure every 12 to 84 months 1 Oral Maxillofacial procedure every 12 to 60 months or per lifetime 1 Other service for non-implant codes every 6 to 60 months, implants once per lifetime, implant crowns once every 84 months
Vision Services Eye Exam Medicare Covered	\$0 copay (Medicare-covered diabetic retinopathy screening) \$0 copay (all other Medicare-covered eye exams) *

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

Services with a square (■) means a referral may be required.

Benefits

	Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005
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 Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year * Up to a \$400 combined allowance every year.
Mental Health Services	
Inpatient visit	Days 1-90: \$0 copay per stay *
Outpatient individual therapy visit	\$0 copay
Outpatient group therapy visit	\$0 copay
Skilled nursing facility (SNF)	Days 1-100: \$0 copay per benefit period. *

Services with an asterisk () may require prior authorization.
Services with a square (■) means a referral may be required.*

Benefits

Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005	
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 *
Transportation Services	<p>Unlimited routine transportation trips to plan-approved health-related locations.</p> <p>\$0 copay (per one-way trip) *</p> <p>What you should know: The first step to staying healthy is getting to your doctor. That's why we cover these shared trips to plan approved health care providers. We want to make sure you get the care you need, when you need it. Call Customer Service 72 hours in advance to reserve a ride for your appointment. Mileage limitations may apply.</p>
Medicare Part B Drugs	
Chemotherapy drugs	\$0 copay *

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

	Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005
Other Part B drugs	\$0 copay *

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

Services with a square (▪) means a referral may be required.

Prescription Drug Coverage	Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005
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 \$4,430. 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.	
Standard Retail cost-sharing (30-day/90-day supply)	
	Standard
Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 copay
Tier 2 (Generic Drugs - includes generic drugs and may include some brand drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
Tier 3 (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
Tier 4 (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%

Prescription Drug Coverage	Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005
	Standard
<p>Tier 5 (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)</p>	<p>Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply</p>
<p>Tier 6 (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)</p>	<p>Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%</p>

Prescription Drug Coverage	Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005	
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 - includes preferred generic drugs and may include some brand drugs.)	\$0 copay	\$0 copay
Tier 2 (Generic Drugs - includes generic drugs and may include some brand drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
Tier 3 (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
Tier 4 (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
Tier 5 (Specialty Tier - includes high cost brand and generic drugs. Drugs in this tier are not eligible for exceptions for payment at a lower tier.)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15% Limited to 30 day supply

Prescription Drug Coverage	Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005	
	Preferred	Standard
Tier 6 (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%	Generics: \$0 / \$1.35 / \$3.95 / 15% Brands: \$0 / \$4.00 / \$9.85 / 15%
Stage 3: Coverage Gap		
	After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, 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 \$7,050, depending on your level of "Extra Help" you pay nothing or: <ul style="list-style-type: none"> • \$3.95 copay for generics (including brand drugs treated as generic), or • \$9.85 copay for all other drugs 	

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).

Excluded Drugs:

This plan includes enhanced drug coverage of certain excluded drugs. Generic only Sildenafil and Vardenafil on Tier 1 have a quantity limit of six pills every 30 days.

Because these drugs are excluded from Part D coverage under Medicare, they are not covered by Extra Help. Also, the amount you pay when you fill a prescription for these drugs does not count toward qualifying you for the Catastrophic Coverage Stage.

Please see your Formulary and Evidence of Coverage for details regarding this drug coverage.

Additional Benefits

Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005	
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 What you should know: Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.

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

Services with a square (■) means a referral may be required.

Additional Benefits

	Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005
Virtual Visits	<p>Our plan offers 24 hours per day, 7 days per week virtual access to board certified clinicians to help address a wide variety of health concerns/questions. A virtual visit is a visit with a clinician via the internet using a smart phone or a computer's web cam. For more information, or to schedule an appointment, visit ascensiononlinecare.org or download the Ascension Online Care app available in the App Store or Google Play store.</p> <p>Spiritual Care 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. Using the Ascension Online Care platform, members who are experiencing spiritual and emotional concerns can connect to a chaplain to help address their needs and find light in challenging times.</p>
Home health agency care	\$0 copay *
Meals Post-Acute Meals	<p>\$0 copay for each post-acute meal</p> <p>▪</p> <p>What you should know:</p> <p>You pay nothing for post-acute meals immediately following an Inpatient hospital stay to aid in recovery with a maximum of 3 meals per day for up to 14 days.</p>
Medical Equipment/Supplies Durable Medical Equipment (DME)	\$0 copay *
Prosthetics	\$0 copay *
Diabetic supplies	\$0 copay *

Services with an asterisk () may require prior authorization.
Services with a square (▪) means a referral may be required.*

Additional Benefits

	Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005
Diabetic therapeutic shoes or inserts	\$0 copay *
Opioid treatment program services	\$0 copay
Over-the-Counter (OTC) Items	\$0 copay The maximum total benefit is \$505 every three months What you should know: Members may purchase eligible items from participating locations or through the plan's catalog for delivery to their home.
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 Fitbit or Garmin 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: Wellness programs are a great way to maintain your health. Whether it's an extra checkup during the year or you just have a simple health question, we are here as your partner in health.

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

Services with a square (▪) means a referral may be required.

Additional Benefits

	Ascension Complete St. Vincent's DSNP (HMO D-SNP) H4343, Plan 005
Clinical Care Line	\$0 copay
Personal emergency medical response device (PERS)	\$0 copay
<p>Special Supplemental Benefits for Chronically Ill (SSBCI) To qualify for these benefits you must meet specific criteria, including having a qualifying chronic condition and determined to be eligible for high-risk care management. For a complete list of eligibility criteria, please see the Evidence of Coverage.</p>	<p>Grocery Delivery: You pay \$0 copay Plan covers up to \$100 per month to use on plan-approved grocery items. Limitations apply.</p> <p>Spiritual Care: \$0 copay Helper Bees Care Concierge: You pay \$0 copay Provides a monthly allowance of 100 credits for plan-approved services. Limitations apply.</p> <p>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.</p> <p>Referral may be required *</p>
Flex Card	<p>\$2,500 yearly benefit</p> <p>What you should know: The Flex Card benefit is a debit card that may be used to reduce out of pocket costs at a dental, vision or hearing providers that accepts the card carrier.</p>

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

Services with a square (▪) means a referral may be required.

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 St. Vincent's 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 St. Vincent's 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 1-800-362-1504 (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
<p>Eye Care Services:</p> <p>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.</p>	<p>\$1.30 to \$3.90 for eye exams.</p> <p>NOTE: You must buy your glasses from a Medicaid-approved contract provider.</p>
<p>Home and Community Based Services:</p> <p>Programs that allow certain disabled clients to stay in their homes rather than live in a nursing home.</p>	<p>You must meet certain medical criteria to qualify for this service.</p>
<p>Intermediate Care Facility for Intellectual Disabilities (ICF-ID)</p> <p>ICF-ID facilities provide a protected residential setting and services to help individuals function.</p>	<p>You must meet certain medical criteria to qualify for this service.</p>
<p>Non-Emergency Transportation</p> <p>NET helps cover the costs of rides to and from medically necessary appointments <u>if</u> Medicaid recipients have no other way to get to their appointments.</p>	<p>You must call and get prior approval for this service.</p>
<p>Prescription Drugs</p>	<p>.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.</p>

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.”

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al número de Servicios para Miembros que se indica para su estado en la página siguiente.

注意：如果您說中文，您可以免費獲得語言援助服務。請撥打針對您所在州列示於下一頁的會員服務部電話號碼。

Chú ý: Nếu quý vị nói tiếng Việt, dịch vụ hỗ trợ ngôn ngữ có sẵn miễn phí dành cho quý vị. Hãy gọi số điện thoại của bộ phận Dịch Vụ Thành Viên thuộc bang của quý vị ở trang tiếp theo.

주요사항: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 다음 페이지에서 가입자의 주에 해당하는 목록 내 가입자 서비스부 번호로 전화해 주십시오.

Atensyon: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa numero ng Mga Serbisyo para sa Miyembro na nakalista para sa iyong estado sa susunod na page.

Dumngeg: No agsasau ka iti Ilokano, dagiti tulong nga serbisio, a libre, ket available para kaniam. Awagam iti numero dagiti serbisio iti Miembro a nakalista para iti estadom iti sumaruno a panid.

La Silafia: Afai e te tautala i le gagana Samoa, o lo’o avanoa ia te oe ‘au’aunaga fesoasoani i le gagana, e leai se totogi. Vala’au le Member Services numeru lisiina mo lou setete i le isi itulau.

Maliu: Ke wala’au Hawai’i ‘oe, loa’a ke kōkua ma ka unuhi ‘ōlelo me ke kākī ‘ole. E kelepona i ka helu kelepona o ka Māhele Kōkua Hoa i hō’ike ‘ia no kou moku’āina ma kēia ‘ao’ao a’e.

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)**

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 customer service representative at 1-844 578-1926 (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.

Understanding the Benefits

- Review the full list of benefits found in the *Evidence of Coverage* (EOC), especially for those services for which you routinely see a doctor. Visit ascensioncomplete.com or call 1-844 578-1926 (TTY: 711) to view a copy of the EOC.
- 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 medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

- For plans with a plan premium (Does not apply to plans with zero plan premium):** 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, 2023.
- For HMO plans only:** 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).
- For PPO and PFFS plans only:** Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care. In addition, you will pay a higher co-pay for services received by non-contracted providers.
- For C-SNP plans only:** This plan is a chronic condition special needs plan (C-SNP). Your ability to enroll will be based on verification that you have a qualifying specific severe or disabling chronic condition.
- For D-SNP plans only:** 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 1-844 578-1926 (TTY 711). Your call may be answered by a licensed agent.

Hours of Operation

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.

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.



Understanding Medicare enrollment periods



Plan for your enrollment

OCT 15-DEC 7

Annual Enrollment Period (AEP)

Those eligible for Medicare can change their health plan from Oct. 15, 2021, through Dec. 7, 2021. Any change during this time becomes effective on Jan. 1, 2022.

JAN 1-MAR 31

Medicare Advantage Open Enrollment Period (MA OEP)

Those enrolled in a Medicare Advantage plan can disenroll and return to Original Medicare or make one change to a different Medicare Advantage plan any time from Jan. 1, 2022 to March 31, 2022. If you choose to return to Original Medicare, you have until March 31, 2022, to sign up for a Prescription Drug Plan. The effective date for a change made during the MA OEP is the first day of the month after the enrollment request is received.

**3 MONTHS BEFORE
YOUR BIRTHDAY-
3 MONTHS AFTER
YOUR BIRTHDAY**

Initial Coverage Election Period (ICEP)

This is when most people are first eligible to enroll in Medicare. This period starts three months before the month of your 65th birthday, continues through your birth month, and lasts for three months after your birth month. For example, if you were born in June, you become eligible to enroll any time from March through September.

2022

Special Election Period (SEP)

This is when people who have special circumstances can enroll in Medicare outside of regular enrollment periods. Some of those circumstances include moving to a new service area, losing active employer group coverage, or becoming eligible for a Dual Special Needs plan. Give us a call if you want to learn more about this or you think you may be eligible for a SEP.

Be sure to see the Summary of Benefits in this booklet for details on the specific additional benefits in each plan.

5 easy ways to enroll in Ascension Complete

1 Call us.

Get help finding the right coverage. We will answer your questions and make sure you have the information you need. You can choose the Medicare plan that works best for your health and your budget.

**For enrollment assistance or to schedule an in-home appointment:
1-844-578-1926
(TTY: 711)**

- Sunday-Saturday, 8 am to 8 pm
- A messaging system is used after hours, on weekends, and on federal holidays.

2 Call a local broker

Many Medicare members talk to a broker before buying a Medicare plan. Ascension Complete will help you find a broker in your area. You can have a one-on-one conversation about your Medicare choices and learn more about what Ascension Complete offers.

3 Visit us online.

Our website lets you learn more about your options and enroll from the comfort of your own home.

[AscensionComplete.com/enroll](https://www.ascensioncomplete.com/enroll)

4 Mail your application.

**Ascension Complete Medicare Enrollment
PO Box 10420
Van Nuys, CA 91499-6208**

5 Fax your application

Fill out the application and fax it to **1-844-222-3180**.

Timing is Important

You only have a limited time to select your Medicare plan, and there are penalties for signing up late. An Ascension Complete Medicare specialist can help you enroll before your deadline.

You can review your coverage options each year during the Annual Enrollment Period from Oct. 15 through Dec. 7.

Be sure to see the Summary of Benefits in this booklet for details on the specific additional benefits in each plan.

Individual Enrollment Request Form to Enroll in a Medicare Advantage Plan (Part C)

Ascension **Complete**

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

Note: You must complete all items in Section 1. The items in Section 2 are optional – you can't be denied coverage because you don't fill them out.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

Ascension Complete
PO Box 10420
Van Nuys, CA
91499-6208

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call Ascension Complete at 1-844-578-1926. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a Ascension Complete al 1-844-578-1926 (TTY: 711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.



Section 1 – All fields on this page are required (unless marked optional)

Select the plan you want to join:

Ascension Complete St. Vincent's Reward (HMO)² H4343 – includes prescription drug coverage

001 Bibb, Blount, Jefferson, Shelby, and St. Clair counties, AL \$0 per month

Ascension Complete Providence Reward (HMO)² H4343 – includes prescription drug coverage

002 Mobile County, AL \$0 per month

Ascension Complete St. Vincent's Secure (HMO) H4343 – includes prescription drug coverage

003 Bibb, Blount, Jefferson, Shelby, and St. Clair counties, AL \$0 per month

Ascension Complete Providence Secure (HMO) H4343 – includes prescription drug coverage

004 Mobile County, AL \$0 per month

Ascension Complete St. Vincent's DSNP (HMO D-SNP)¹ H4343 – includes prescription drug coverage

005 Bibb, Blount, Jefferson, Shelby, and St. Clair counties, AL \$0* per month

Ascension Complete Providence DSNP (HMO D-SNP)¹ H4343 – includes prescription drug coverage

006 Mobile County, AL \$0* per month

Ascension Complete St. Vincent's Access Plus (PPO) H7556 – includes prescription drug coverage

001 Bibb, Blount, Jefferson, Shelby, and St. Clair counties, AL \$0 per month

Ascension Complete St. Vincent's Access (PPO) H7556 – includes prescription drug coverage

002 Bibb, Blount, Jefferson, Shelby, and St. Clair counties, AL \$0 per month

Ascension Complete Providence Access Plus (PPO) H7556 – includes prescription drug coverage

003 Mobile County, AL \$0 per month

Ascension Complete Providence Access (PPO) H7556 – includes prescription drug coverage

004 Mobile County, AL \$0 per month

¹You must meet specific enrollment criteria to enroll in this plan.

²An optional supplemental package is offered with this plan.

*Actual premium based on Low Income Subsidy status.



Optional Supplemental Benefits for an additional monthly premium

Plan Name	Optional Supplemental Benefits
Ascension Complete St. Vincent's Reward (HMO) - H4343 - 001 Ascension Complete Providence Reward (HMO) - H4343 - 002	<input type="checkbox"/> Centene Silver 1500 40%, Vision 200 \$23 per month

Monthly plan premium amount (including optional supplemental package premium amount)

\$

Requested effective date

M M D D Y Y Y Y



Section 1 – All fields on this page are required (unless marked optional)

First name Last name Optional: Middle initial

Birth date Sex Male Female Phone number - -

M M D D Y Y Y Y

Permanent residence street address (Don't enter a PO Box)

City Optional: County State ZIP code

Mailing address, if different from your permanent address (PO Box allowed)

Street address

City State ZIP code

Your Medicare information:

Medicare Number

Is entitled to: HOSPITAL (Part A) Effective date

M M D D Y Y Y Y

MEDICAL (Part B)

M M D D Y Y Y Y

Answer these important questions:

1. Will you have other prescription drug coverage (like VA, TRICARE) in addition to Ascension Complete? Yes No

Name of other coverage

Member number for this coverage

Group number for this coverage

2. Are you enrolled in your State Medicaid program? Yes No
If "Yes," please provide your Medicaid number:



IMPORTANT: Read and sign below:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Ascension Complete.
- By joining this Medicare Advantage Plan, I acknowledge that Ascension Complete will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country, except for limited coverage near the U.S. border.
- I understand that when my Ascension Complete coverage begins, I must get all of my medical and prescription drug benefits from Ascension Complete. Benefits and services provided by Ascension Complete and contained in my Ascension Complete "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Ascension Complete will pay for benefits or services that are not covered.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
 - 1) This person is authorized under State law to complete this enrollment, and
 - 2) Documentation of this authority is available upon request by Medicare.

Today's date

M	M	D	D	Y	Y	Y	Y

Signature

If you're the authorized representative, sign above and fill out these fields:

Name

Address

Phone number

 - -

Relationship to enrollee



Section 2 – All fields on this page are optional

Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

Select one if you want us to send you information in an accessible format.

Braille Large print Audio CD

Please contact Ascension Complete at 1-833-623-0771 (HMO & PPO) or 1-833-542-1677 (D-SNP) if you need information in an accessible format other than what's listed above. Our office hours are from October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. TTY users can call 711.

1. Do you work? Yes No

2. Does your spouse work? Yes No

List your Primary Care Physician (PCP), clinic, or health center:

I want to get the following materials via email.

Select one or more.

Explanation of Coverage (EOC)

Send me a link to receive my benefit materials online

E-mail address:



Paying your plan premiums

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, "Electronic Funds Transfer (EFT)", "credit card" each month. **You can also choose to pay your premium by having it automatically taken out of your Social Security or Railroad Retirement Board (RRB) benefit each month.**

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay Ascension Complete the Part D-IRMAA.

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.)

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 and 1860D-1 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.



OFFICE USE ONLY:

Name of staff member/agent/broker (if assisted in enrollment):

Plan ID #: **Effective date of coverage:**

M M D D Y Y Y Y

ICEP/IEP AEP SEP (type):

Not eligible

Ascension Complete sales representative/Authorized agent

(individual sales representative/agent who completed the application)

Agent type (select one): Authorized agent Ascension Complete employee

Complete section below:

Sales rep/Agent name

Sales rep/Agent NPN #

Agency/FMO affiliation:
(if applicable)

Agent ID#:

This information must match your approved Ascension Complete licensing records.

Agent phone #: - -

Email

Agency/FMO phone # (if applicable)

 - -

Sales representative/authorized agent application receipt date:

(Applications must be received at Ascension Complete within 1 calendar day of this date.) M M D D Y Y Y Y

Application receipt location: Appointment Sales event Walk-in

Other (specify):

Provider information for HMO plans:

PCP name:

PCP NPI:

PPG name:

PPG ID:

Is PCP/PPG selected accepted for the plan chosen? Yes No

Current patient? Yes No

Physician of choice information for PPO plans:

POC name:

POC/PCP NPI:

POC address:

Effective date:
M M D D Y Y Y Y

Broker Application Submissions: Sales representative/Agent must fax the Scope of Appointment and Enrollment Forms to 1-844-222-3180.



Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- I am new to Medicare.
- I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date).

M	M	D	D	Y	Y	Y	Y
- I recently was released from incarceration. I was released on (insert date).

M	M	D	D	Y	Y	Y	Y
- I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date).

M	M	D	D	Y	Y	Y	Y
- I recently obtained lawful presence status in the United States. I got this status on (insert date).

M	M	D	D	Y	Y	Y	Y
- I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date).

M	M	D	D	Y	Y	Y	Y
- I recently had a change in my *Extra Help* paying for Medicare prescription drug coverage (newly got *Extra Help*, had a change in the level of *Extra Help*, or lost *Extra Help*) on (insert date).

M	M	D	D	Y	Y	Y	Y
- I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get *Extra Help* paying for my Medicare prescription drug coverage, but I haven't had a change.
- I am moving into, live in or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date).

M	M	D	D	Y	Y	Y	Y
- I recently left a PACE program on (insert date).

M	M	D	D	Y	Y	Y	Y
- I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date).

M	M	D	D	Y	Y	Y	Y



I am leaving employer or union coverage on (insert date).

M	M	D	D	Y	Y	Y	Y

I belong to a pharmacy assistance program provided by my state.

My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.

I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date).

M	M	D	D	Y	Y	Y	Y

I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date).

M	M	D	D	Y	Y	Y	Y

I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.

If none of these statements applies to you or you're not sure, please contact Ascension Complete at 1-844-578-1926 (TTY users should call 711) to see if you are eligible to enroll. We are open Sunday-Saturday, 8 a.m. to 8 p.m.

You must continue to pay your Medicare Part B premium. However, for full-dual beneficiaries, the State will cover your Part B premium as long as you retain your Medicaid eligibility.



New Member Checklist and Application Receipt

Member Copy

Agent Instructions: Please review the New Member Checklist carefully with each new member enrolling in our plan.

Member Name _____ Date _____

Checklist

YES NO		
<input type="checkbox"/>	<input type="checkbox"/>	1. If my plan has a monthly plan premium, I understand that I am responsible for this premium, in addition to my Part B monthly premium.
<input type="checkbox"/>	<input type="checkbox"/>	2. I understand that I may be responsible for certain copays or coinsurance for covered medical services.
<input type="checkbox"/>	<input type="checkbox"/>	3. My agent left me a copy of the 2022 Enrollment Guide, which includes a 2022 Summary of Benefits.
<input type="checkbox"/>	<input type="checkbox"/>	4. My agent reviewed and confirmed that my current doctors are in the plan's network.
For Medicare Advantage Prescription Drug (MA-PD) plans only:		
<input type="checkbox"/>	<input type="checkbox"/>	5. My agent explained the copays and coinsurance.
<input type="checkbox"/>	<input type="checkbox"/>	6. My agent explained the coverage gap, sometimes referred to as the donut hole.
<input type="checkbox"/>	<input type="checkbox"/>	7. I have reviewed my currently prescribed drugs with my agent and have confirmed that they are in the plan's list of covered drugs, also called a formulary, which is available to view at AscensionComplete.com/formulary . I also understand that some of my drugs may not be covered under the plan's formulary.

Application Receipt

The name of my new plan is: _____
(Plan Name)

This is a _____, which will provide all my Medicare health/prescription drug coverage.
(Plan Type) (Circle one or both)

My plan coverage is expected to begin on _____
(Effective date)

I must live in the plan's service area, which is _____
(County/service area)

If I move out of the plan's service area for more than 6 months in a row, I must choose a new plan.

New Member Attestation: I understand that I am enrolling in a Medicare Advantage plan that will provide all my Medicare health and/or prescription drug coverage.

Member Signature: _____

Agent Signature: _____

Application Receipt (Continued)

Primary Care Physician (PCP) name*: _____ PCP Phone: _____

My monthly premium will be \$ _____

Did I purchase an optional supplemental benefits (OSB) package? Circle Yes or No

My OSB plan is _____

My OSB premium amount is \$ _____

My total premium amount including OSB is \$ _____

My **copay/coinsurance** amounts will be: PCP _____ Specialist _____ ER _____
(Circle one)

*Selection of a PCP is not required for PPO plans

Rx BIN: _____ Rx Group: _____

The information above can be used as your temporary Member ID card. If you have issues filling a prescription, please contact Member Services.

Agent Name (Printed): _____

Agent Phone: _____ Agent NPN: _____

Contract Code: _____ PBP: _____

Verification ID (if applicable): _____ VBE Set Up? Yes No

Ascend Verification Number (if applicable): _____



What to expect once you've enrolled

What's next?

As your health plan, we are required to send you a lot of documents and information.

Here are the most important things to expect:

- 1 Ascension Complete Member ID Card**

Use your ID card every time you get healthcare services and benefits. Keep it with you at all times. Please do not use your red, white, and blue Medicare card, but keep that card in a safe place.
- 2 Welcome Kit**

Your Welcome Kit helps you get started with your new plan. It includes:

 - Quick tips to get the most out of your plan
 - Self-service information that can be used any time, day or night
 - Catalog of over-the-counter benefits (if applicable)
- 3 Welcome Call**

You will receive a welcome call within your first 30 days as a member. During this call we'll help ensure that you have all of your questions answered.
- 4 Health Risk Assessment Call**

We want you to get the most out of your Medicare Advantage plan. We'll call you to ask information about your health, which will help us better understand your needs. In turn, you'll receive better access to the care you need. See the next page to complete this step based on your own schedule.

Until these materials arrive, your New Member Checklist and Application Receipt will remind you of your plan's options.

Be sure to see the Summary of Benefits in this booklet for details on the specific additional benefits in each plan.

Save time with home delivery

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. We 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, shipping is always free! We even contact your doctor to ask for a 90-day prescription.



Savings

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



Get started today!

Call CVS† Caremark® toll-free at **1-888-624-1139 (TTY: 711)**, 24 hours a day, 7 days a week. Or visit [Caremark.com](https://www.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 online approved drug list (Formulary). Members may call the number on the back of their member ID card.

†Other pharmacies are available in our network.

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



Your health is our priority

At Ascension Complete, your health is important to us. We hope you have a few minutes to fill out a quick health survey. Medicare requires that we perform these surveys annually or when you change plans.

Your answers are confidential and will help us understand your healthcare needs. This will not affect your health plan membership. This survey is accessible as soon as your membership becomes active.



Fill out this health survey online

Go to **AscensionComplete.com** and log in to the secure member portal to complete this short assessment.

**Thank you for trusting Ascension Complete with your health.
We look forward to serving your health care needs.**

Be sure to see the Summary of Benefits in this booklet for details on the specific additional benefits in each plan.

**This is the legal
stuff you need
to know**

Legal Documents and Disclaimers

2022 Utilization Review Process

Ascension Complete has a Utilization Management Program. It includes:

- Prior authorization
- Filing appeal reviews
- Retrospective reviews
- Prospective reviews
- Concurrent reviews

These reviews let us measure the healthcare and services our members receive. We measure these based on a member's coverage. We check to see if the care and services are right. Then we decide how much coverage we can provide. We also decide how to pay those who provide the care. At times we have to deny coverage for services or care. These decisions may be made by our employees. Or they may be made by a doctor or other reviewer. When this happens, we do not give a reward to anyone who makes these decisions. If there are any financial rewards, they do not promote using fewer services. If you would like to learn more about this program, please call Ascension Complete Member Services.

Protected Health Information (PHI)

How we protect the privacy of your personal information

Keeping your information safe is very important to us. Your personal information can be seen only by those who need it to do their work. We have strict policies to protect it. For example, we restrict use of our buildings and computers. We also have a Privacy Office. This office makes sure our staff is trained on our privacy and security policies.

Sometimes we are allowed to use your health information without your written permission. Our employees must follow strict privacy and security policies. They must protect your health information in spoken form. This is when they are talking about your health information with approved people. It could be over the phone or in person. They must also protect your health information in written and electronic form.

1 Treatment, Payment and Business Operations.

We may use your health information or share it to help treat your condition. We can also use it to arrange payment for that treatment. And we can use it to run our business operations.

2**Right to Access Your Health Information.**

You have the right to look at and get a copy of your health information. But there are three situations when you may not see your health information. They are: 1) in mental healthcare therapy notes; 2) when it is put together to prepare for a court case; and 3) with some exceptions, information subject to the Clinical Laboratory Improvement Amendments of 1988 (CLIA). We may use or keep an electronic health record (EHR) for you. If we do, you have the right to get a copy of your EHR in electronic form. Also, you have the right to tell us to send a copy of your EHR to a third party you name.

3**Your Authorization.**

You may tell us in writing that we can share your health information with anyone for any reason. You may also tell us in writing at any time to stop sharing your health information. If you tell us to stop sharing it, that will not affect any sharing that was done while we had your OK to do so. Unless you tell us in writing, we cannot share your health information for any reason other than those listed here.

4**Business Associates.**

We may share your health information with a business partner. But we may do so only if they need it to perform a task or service for our business.

This is just a summary of our Privacy Statement.
To read the entire Privacy Statement go to
AscensionComplete.com

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.

Every year, Medicare evaluates plans based on a 5-star rating system.

Our plans use a formulary.

Out-of-network/non-contracted providers are under no obligation to treat Ascension Complete 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.

For a complete list of available plans please contact 1-800-MEDICARE (TTY users should call 1-877-486-2048), 24 hours a day/7 days a week or consult www.medicare.gov.

Please contact your plan for details.



**If you're with an
agent or broker,
this next part
is for them**

2022 Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative).

All information provided on this form is confidential and should be completed by each person with Medicare or their authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.



Medicare Advantage Plans (Part C) and Cost Plans

Medicare Health Maintenance Organization (HMO)

A Medicare Advantage Plan that provides all basic Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

Medicare Preferred Provider Organization (PPO) Plan

A Medicare Advantage Plan that provides all basic Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals, but you can also use out-of-network providers, usually at a higher cost.

Medicare Special Needs Plan (SNP)

A Medicare Advantage Plan that has a benefits package designed for people with special healthcare needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products with you is either employed or contracted by a Medicare Advantage plan. They do not work directly for the federal government. This individual may also be paid based on your enrollment in a plan. Signing this form does NOT obligate you to enroll in a plan, affect your current or future enrollment, or automatically enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____ **Signature Date:** _____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name: _____ Agent Phone: _____

Beneficiary Name: _____ Beneficiary Phone: _____

Beneficiary Address: _____

Initial Method of Contact (Indicate here if beneficiary was a walk-in.): _____

Agent's Signature: _____

Plan(s) the Agent Represented During this Meeting: _____

Date Appointment Completed: _____ Appointment ID: _____

Scope of Appointment documentation is subject to CMS record retention requirements.

Agent: If the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting.

Ascension Complete is contracted with Medicare for HMO and PPO plans. Enrollment in Ascension Complete depends on contract renewal.

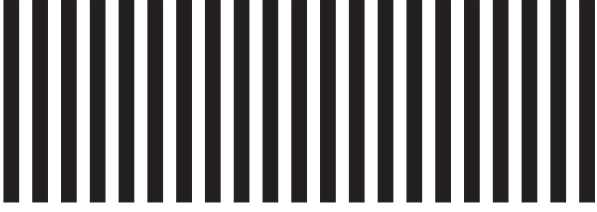




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NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 4053 RANCHO CORDOVA CA

POSTAGE WILL BE PAID BY ADDRESSEE

ASCENSION COMPLETE
PO BOX 10420
VAN NUYS CA 91499-6208



Remember to ...

- Fill out your application
- Return your completed application in this postage-paid envelope

請記得...

- 填妥申請表
 - 用隨附的郵資已付信封寄回填妥的申請表
- 잊지 마세요...
- 귀하의 지원서 작성하기
 - 우표값이 미리 지불된 이 봉투에 작성한 지원서를 넣어 우편으로 보내기

Xin nhớ...

- Điền đơn
 - Dùng phong bì đính kèm và gửi trở lại lá đơn quý vị đã điền
- Recuerde...
- Completar su solicitud
 - Enviar su solicitud diligenciada en este sobre con porte postal pago

Huwag kalimutang...

- Punan ang iyong aplikasyon
- Ibalik ang iyong nakumpletong aplikasyon sa sobre mula sa koreo na ito

Mai poina i ka...

- Ho'opihapaha kāu palapala kāinoa
 - Ho'ouna mai i kāu palapala kāinoa i ho'opihapaha 'ia i loko o keia wahī leka i uku 'ia ka uku leka
- Laglagipen nga...
- Suratan iti application
 - Isubli iti nalpas nga application dituy postage-paid envelope

Ia manatua ona ...

- Faatumu lau pepa talosaga
- Faafō'i lau pepa talosaga ua faatumuina i lenei teutusi ua faapipii ai le faailoga (stamp)

Thank you!

**We look forward to getting
to know you.**

Available in:

Ascension Complete St. Vincent's DSNP (HMO D-SNP) Alabama
Bibb, Blount, Jefferson, Shelby, St. Clair

Ascension **Complete**

Agent Name: _____ Agent Phone Number: _____