

2022 Optional Supplemental Benefits

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

Ascension **Complete**

When can I enroll?

New members can enroll until the end of the first month of initial coverage. Benefits will become effective the first of the following month. To be eligible for the Optional Supplemental Benefits Package, you must remain a member of Ascension Complete Providence 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 Providence 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, 2021 through December 31, 2021, for a January 1, 2022 effective date; January 1, 2022 through January 31, 2022, for a February 1, 2022 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 Providence Reward (HMO)

Additional monthly premium: \$22

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 visit every day to 24 months	You pay 40%.
Diagnostic services One visit every year	You pay 40%.
Restorative services One visit every 12 to 84 months	You pay 40%.
Endodontic services Once per tooth	You pay 40%.
Periodontics One visit every 6 to 36 months	You pay 40%.
Extractions Once per tooth	You pay 40%.

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

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 1-833-705-1358 (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.

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. A messaging system is used after hours, weekends, and on federal holidays.

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

Out-of-network/non contracted providers are under no obligation to treat Ascension Complete Providence Reward (HMO) 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.

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.

주의사항: 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 numera 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)**