

2022
Summary of Benefits

Michigan

Ascension Complete Michigan Access Plus (PPO)

H7512 | 003

Ascension Complete Michigan Access (PPO)

H7512 | 004

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 Michigan Access Plus (PPO) and Ascension Complete Michigan Access (PPO) 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 plans and service areas:

H7512003000 Ascension Complete Michigan Access Plus (PPO) includes these counties in Michigan: Genesee, Iosco, Kalamazoo, and Saginaw.

H7512004000 Ascension Complete Michigan Access (PPO) includes these counties in Michigan: Genesee, Iosco, Kalamazoo, and Saginaw.

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.

Preferred Provider Organizations (PPOs) You'll enjoy the freedom and flexibility to access your health care where you want it and when you want it. You may seek care from any Medicare provider in the country who agrees to see you as a Medicare member, but you'll generally pay less when you use contracted providers in our network. Out-of-network providers may choose not to bill our plan and may ask you to pay for services up front. If this happens, you can fill out a claim form and submit it to us with a copy of the bill and any documentation you have about payments you have made.

Out-of-network/non-contracted providers are under no obligation to treat Ascension Complete Michigan Access Plus (PPO), Ascension Complete Michigan Access (PPO) plan members, except in emergency situations. Please call our member services number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

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 Michigan Access Plus (PPO) and Ascension Complete Michigan Access (PPO) have 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 1-844 578-1928 (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 Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Service Area	<p>Our plans and service areas: H7512003000 Ascension Complete Michigan Access Plus (PPO) includes these counties in Michigan: Genesee, Iosco, Kalamazoo, and Saginaw.</p> <p>H7512004000 Ascension Complete Michigan Access (PPO) includes these counties in Michigan: Genesee, Iosco, Kalamazoo, and Saginaw.</p>	
PPO plans do not require a prior authorization or referral for out-of-network services.		
Monthly plan premium You must continue to pay your Medicare Part B premium.	\$0	\$0
Deductible	No deductible	No deductible
Maximum out-of-Pocket Responsibility (does not include prescription drugs)	\$3,450 in-network annually \$5,150 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.	\$2,900 in-network annually \$2,900 combined in and out-of-network annually This is the most you will pay in copays and coinsurance for Part A and B services for the year.

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Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Inpatient Hospital coverage	<p>In-Network For each admission, you pay:</p> <ul style="list-style-type: none"> • \$350 copay per day for days 1 through 6 • \$0 copay per day for days 7 through 90 • \$0 copay per day for days 91 and beyond <p>*</p> <p>Out-of-Network For each admission, you pay:</p> <ul style="list-style-type: none"> • \$350 copay per day for days 1 through 6 • \$0 copay per day for days 7 and beyond 	<p>In-Network For each admission, you pay:</p> <ul style="list-style-type: none"> • \$575 copay per day for days 1 through 4 • \$0 copay per day for days 5 through 90 • \$0 copay per day for days 91 and beyond <p>*</p> <p>Out-of-Network For each admission, you pay:</p> <ul style="list-style-type: none"> • \$575 copay per day for days 1 through 4 • \$0 copay per day for days 5 and beyond
Outpatient Hospital coverage Outpatient hospital services	<p>In-Network \$325 copay for surgical and non-surgical services</p> <p>*</p> <p>Out-of-Network \$325 copay for surgical and non-surgical services</p>	<p>In-Network 20% coinsurance for surgical and non-surgical services</p> <p>*</p> <p>Out-of-Network 20% coinsurance for surgical and non-surgical services</p>

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Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Outpatient hospital observation services	<p>In-Network \$120 copay for outpatient observation services when you enter observation status through an emergency room. \$325 copay for outpatient observation services when you enter observation status through an outpatient facility. *</p> <p>Out-of-Network \$120 copay for outpatient observation services when you enter observation status through an emergency room. \$325 copay for outpatient observation services when you enter observation status through an outpatient facility.</p>	<p>In-Network \$120 copay for outpatient observation services when you enter observation status through an emergency room. 20% coinsurance for outpatient observation services when you enter observation status through an outpatient facility. *</p> <p>Out-of-Network \$120 copay for outpatient observation services when you enter observation status through an emergency room. 20% coinsurance for outpatient observation services when you enter observation status through an outpatient facility.</p>
Ambulatory surgical center (ASC)	<p>In-Network \$275 copay *</p> <p>Out-of-Network \$250 copay</p>	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>
Doctor Visits Primary Care Physicians	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p>

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Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Specialists	In-Network \$35 copay Out-of-Network \$35 copay	In-Network 20% coinsurance Out-of-Network 20% coinsurance
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))	In-Network \$0 copay Out-of-Network \$0 copay	In-Network \$0 copay Out-of-Network \$0 copay
Emergency care	\$120 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$120 copay Copay is waived if you are admitted to a hospital within 24 hours.
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.	\$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.

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Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Urgently needed services	\$35 copay Copay is waived if you are admitted to a hospital within 24 hours.	\$40 copay Copay is waived if you are admitted to a hospital within 24 hours.
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.	\$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.	COVID-19 testing and specified testing-related services at any location are \$0.
Lab services	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network 20% coinsurance * Out-of-Network 20% coinsurance

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Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Diagnostic tests and procedures	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>	<p>In-Network \$0 copay for each Medicare-covered spirometry test for members with a diagnosis of COPD. \$0 copay for the removal of abnormal tissue and/or polyps during a colonoscopy performed as a preventive screening for colorectal cancer. 20% coinsurance for all other Medicare-covered diagnostic procedures and tests. *</p> <p>Out-of-Network \$0 copay for each Medicare-covered spirometry test for members with a diagnosis of COPD. \$0 copay for the removal of abnormal tissue and/or polyps during a colonoscopy performed as a preventive screening for colorectal cancer. 20% coinsurance for all other Medicare-covered diagnostic procedures and tests.</p>
Outpatient X-rays	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$0 copay</p>	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>

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Diagnostic radiology services (e.g. MRI, CAT Scan)	<p>In-Network \$0 copay for a DEXA scan. \$0 copay for a diagnostic mammogram. \$325 copay for all other diagnostic radiology services. *</p> <p>Out-of-Network \$0 copay for a DEXA scan. \$0 copay for a diagnostic mammogram. \$325 copay for all other diagnostic radiology services.</p>	<p>In-Network \$0 copay for a DEXA Scan. \$0 copay for a diagnostic mammogram. 20% coinsurance for all other diagnostic radiology services. *</p> <p>Out-of-Network \$0 copay for a DEXA scan. \$0 copay for a diagnostic mammogram. 20% coinsurance for all other diagnostic radiology services.</p>
Therapeutic Radiology	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>
Hearing services Hearing Exam Medicare Covered	<p>In-Network \$35 copay *</p> <p>Out-of-Network \$35 copay</p>	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>

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Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Routine hearing exam	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 exam every year</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 exam every year</p>
Hearing Aids		
Hearing Aid Fitting/Evaluation(s)	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 fitting(s) / evaluation(s) every year</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 fitting(s) / evaluation(s) every year</p>
Hearing aid allowance	Up to a \$1,000 allowance for both ears combined every year for hearing aids.	Up to a \$700 allowance for both ears combined every year for hearing aids.
All types	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>Limited to 2 hearing aid(s) every year</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>Limited to 2 hearing aid(s) every year</p>

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Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
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.	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	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 70% coinsurance	Out-of-Network 70% coinsurance
	Cleanings 2 every year	Cleanings 2 every year
	Dental x-rays 1 every 12 to 36 months	Dental x-rays 1 every 12 to 36 months
	Oral exams 2 every year	Oral exams 2 every year
Fluoride Treatment	In-Network \$0 copay *	In-Network \$0 copay *
	Out-of-Network 70% coinsurance	Out-of-Network 70% coinsurance
	1 every year	1 every year

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Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Comprehensive services Medicare Covered	In-Network \$35 copay for each Medicare-covered service. *	In-Network 20% coinsurance for each Medicare-covered service. *
Diagnostic Services	Out-of-Network \$35 copay for each Medicare-covered service. In-Network 40% coinsurance * Out-of-Network 70% coinsurance 1 diagnostic service(s) every year	Out-of-Network 20% coinsurance for each Medicare-covered service. In-Network 40% coinsurance * Out-of-Network 70% coinsurance 1 diagnostic service(s) every year
Restorative Services	In-Network 40% coinsurance * Out-of-Network 70% coinsurance 1 restorative service(s) every 12 to 84 months	In-Network 40% coinsurance * Out-of-Network 70% coinsurance 1 restorative service(s) every 12 to 84 months.

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Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Endodontics/ Periodontics/ Extractions	<p>In-Network 40% coinsurance *</p> <p>Out-of-Network 70% coinsurance</p> <p>1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth</p>	<p>In-Network 40% coinsurance *</p> <p>Out-of-Network 70% coinsurance</p> <p>1 endodontic service(s) per tooth 1 periodontic service(s) every 6 to 36 months 1 extraction(s) per tooth</p>
Non-routine services	<p>In-Network 40% coinsurance *</p> <p>Out-of-Network 70% coinsurance</p> <p>1 non-routine service(s) every day to 60 months</p>	<p>In-Network 40% coinsurance *</p> <p>Out-of-Network 70% coinsurance</p> <p>1 non-routine service(s) every day to 60 months</p>

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Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Prosthodontics, Other Oral/Maxillofacial Surgery, Other Services	<p>In-Network 40% coinsurance *</p> <p>Out-of-Network 70% coinsurance</p> <p>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</p>	<p>In-Network 40% coinsurance *</p> <p>Out-of-Network 70% coinsurance</p> <p>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</p>
Additional Dental Information	<p>What you should know: This plan includes coverage of preventive and comprehensive services up to \$3,000.</p>	<p>What you should know: This plan includes coverage of preventive and comprehensive services up to \$5,000.</p>
<p>Vision Services Eye Exam Medicare Covered</p>	<p>In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$35 copay (all other Medicare-covered eye exams) *</p> <p>Out-of-Network \$0 copay (Medicare-covered diabetic retinopathy screening) \$35 copay (all other Medicare-covered eye exams)</p>	<p>In-Network \$0 copay (Medicare-covered diabetic retinopathy screening) 20% coinsurance (all other Medicare-covered eye exams) *</p> <p>Out-of-Network \$0 copay (Medicare-covered diabetic retinopathy screening) 20% coinsurance (all other Medicare-covered eye exams)</p>

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Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Routine eye exam (Refraction)	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 exam every year</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network 40% coinsurance</p> <p>1 exam every year</p>
Glaucoma screening	<p>In-Network \$0 copay for each Medicare-covered service.</p> <p>Out-of-Network \$0 copay for each Medicare-covered service.</p>	<p>In-Network \$0 copay for each Medicare-covered service.</p> <p>Out-of-Network \$0 copay for each Medicare-covered service.</p>
Eyewear Medicare Covered	<p>In-Network \$0 copay *</p> <p>Out-of-Network \$35 copay</p>	<p>In-Network \$0 copay *</p> <p>Out-of-Network 20% coinsurance</p>
Routine eyewear Contact lenses/Eyeglasses (lenses and frames)/Eyeglass frames	<p>In-Network \$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year *</p> <p>Out-of-Network 40% coinsurance</p>	<p>In-Network \$0 copay Unlimited contacts every year Unlimited glasses (lenses and/or frames) every year *</p> <p>Out-of-Network 40% coinsurance</p>

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Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Eyewear allowance	Up to a \$200 combined allowance every year.	Up to a \$200 combined allowance every year
Mental Health Services		
Inpatient visit	<p>In-Network For each admission, you pay:</p> <ul style="list-style-type: none"> • \$400 copay per day for days 1 through 5 • \$0 copay per day for days 6 through 90 <p>*</p> <p>Out-of-Network For each admission, you pay:</p> <ul style="list-style-type: none"> • \$400 copay per day for days 1 through 5 • \$0 copay per day for days 6 through 90 	<p>In-Network For each admission, you pay:</p> <ul style="list-style-type: none"> • \$575 copay per day for days 1 through 4 • \$0 copay per day for days 5 through 90 <p>*</p> <p>Out-of-Network For each admission, you pay:</p> <ul style="list-style-type: none"> • \$575 copay per day for days 1 through 4 • \$0 copay per day for days 5 through 90
Outpatient individual therapy visit	<p>In-Network \$35 copay</p> <p>Out-of-Network \$35 copay</p>	<p>In-Network 20% coinsurance</p> <p>Out-of-Network 20% coinsurance</p>
Outpatient group therapy visit	<p>In-Network \$35 copay</p> <p>Out-of-Network \$35 copay</p>	<p>In-Network 20% coinsurance</p> <p>Out-of-Network 20% coinsurance</p>

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Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Skilled nursing facility (SNF)	<p>In-Network For each benefit period, you pay:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$188 copay per day for days 21 through 100 <p>*</p> <p>Out-of-Network For each benefit period, you pay:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$188 copay per day for days 21 through 100 	<p>In-Network For each benefit period, you pay:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$188 copay per day for days 21 through 100 <p>*</p> <p>Out-of-Network For each benefit period, you pay:</p> <ul style="list-style-type: none"> • \$0 copay per day for days 1 through 20 • \$188 copay per day for days 21 through 100
Therapy and Rehabilitation Services Physical Therapy	<p>In-Network \$35 copay *</p> <p>Out-of-Network \$35 copay</p>	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>
Outpatient rehabilitation services provided by an occupational therapist	<p>In-Network \$35 copay *</p> <p>Out-of-Network \$35 copay</p>	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>

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Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Pulmonary rehabilitation services	In-Network \$10 copay Out-of-Network \$10 copay	In-Network 20% coinsurance Out-of-Network 20% coinsurance
Ambulance Ground Ambulance	In-Network \$270 copay * Out-of-Network \$270 copay	In-Network 20% coinsurance * Out-of-Network 20% coinsurance
Air Ambulance	In-Network \$270 copay * Out-of-Network \$270 copay	In-Network 20% coinsurance * Out-of-Network 20% coinsurance
Transportation Services	Up to 12 one-way trips every year to plan-approved health-related locations. Mileage limits may apply. In-Network \$0 copay (per one-way trip) *	In-Network <u>Not covered</u>

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Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
	<p>Out-of-Network 75% coinsurance</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>	<p>Out-of-Network <u>Not covered</u></p>
Medicare Part B Drugs Chemotherapy drugs	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>
Other Part B drugs	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>

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Prescription Drug Coverage	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003		Ascension Complete Michigan Access (PPO) H7512, Plan 004	
Stage 1: Annual Prescription Deductible				
Deductible	This plan has no deductible for Part D covered drugs, this payment stage doesn't apply.		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. 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.				
Retail cost-sharing (30-day/90-day supply)				
	Preferred	Standard	Preferred	Standard
Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 / \$0 copay	\$5 / \$15 copay	\$0 / \$0 copay	\$5 / \$15 copay
Tier 2 (Generic Drugs - includes generic drugs and may include some brand drugs.)	\$5 / \$15 copay	\$10 / \$30 copay	\$5 / \$15 copay	\$10 / \$30 copay
Tier 3 (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	\$37 / \$111 copay	\$47 / \$141 copay	\$37 / \$111 copay	\$47 / \$141 copay
Tier 4 (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	\$90 / \$270 copay	\$100 / \$300 copay	\$90 / \$270 copay	\$100 / \$300 copay

Prescription Drug Coverage	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003		Ascension Complete Michigan Access (PPO) H7512, Plan 004	
	Preferred	Standard	Preferred	Standard
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.)	33% coinsurance / Not Available	33% coinsurance / Not Available	33% coinsurance / Not Available	33% coinsurance / Not Available
Tier 6 (Select Care Drugs - includes some generic and brand drugs commonly used to treat specific chronic conditions or to prevent disease (vaccines).)	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay

Prescription Drug Coverage	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003		Ascension Complete Michigan Access (PPO) H7512, Plan 004	
Stage 2: Initial Coverage (after you pay your deductible, if applicable) (Continued)				
Mail-order cost-sharing (30-day/90-day supply)				
	Preferred	Standard	Preferred	Standard
Tier 1 (Preferred Generic Drugs - includes preferred generic drugs and may include some brand drugs.)	\$0 / \$0 copay	\$5 / \$15 copay	\$0 / \$0 copay	\$5 / \$15 copay
Tier 2 (Generic Drugs - includes generic drugs and may include some brand drugs.)	\$5 / \$0 copay	\$10 / \$30 copay	\$5 / \$0 copay	\$10 / \$30 copay
Tier 3 (Preferred Brand Drugs - includes preferred brand drugs and may include some generic drugs.)	\$37 / \$74 copay	\$47 / \$141 copay	\$37 / \$74 copay	\$47 / \$141 copay
Tier 4 (Non-Preferred Drugs - includes non-preferred brand and non-preferred generic drugs.)	\$90 / \$180 copay	\$100 / \$300 copay	\$90 / \$180 copay	\$100 / \$300 copay
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.)	33% coinsurance / Not Available	33% coinsurance / Not Available	33% coinsurance / Not Available	33% coinsurance / Not Available

Prescription Drug Coverage	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003		Ascension Complete Michigan Access (PPO) H7512, Plan 004	
	Preferred	Standard	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).)	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay	\$0 / \$0 copay
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 no more than 25% coinsurance for generic drugs or 25% coinsurance for brand name drugs, for any drug tier during the coverage gap.		After your total drug costs (including what our plan has paid and what you have paid) reach \$4,430, you will pay 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 (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.95 copay for generic (including brand drugs treated as generic) and a \$9.85 copay for all other drugs. 		After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$7,050, you pay the greater of: <ul style="list-style-type: none"> • 5% coinsurance, or • \$3.95 copay for generic (including brand drugs treated as generic) and a \$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 Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Chiropractic Care Medicare-covered	<p>In-Network \$20 copay *</p> <p>Out-of-Network \$20 copay</p>	<p>In-Network 20% coinsurance *</p> <p>Out-of-Network 20% coinsurance</p>
Acupuncture Medicare-covered	<p>In-Network \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$35 copay for Medicare-covered Acupuncture received in a Specialist office. \$20 copay for Medicare-covered Acupuncture received in a Chiropractor office. *</p> <p>Out-of-Network \$0 copay for Medicare-covered Acupuncture received in a PCP office. \$35 copay for Medicare-covered Acupuncture received in a Specialist office. \$20 copay for Medicare-covered Acupuncture received in a Chiropractor office.</p>	<p>In-Network \$0 copay for Medicare-covered Acupuncture received in a PCP office. 20% coinsurance for Medicare-covered Acupuncture received in a Specialist office. 20% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office. *</p> <p>Out-of-Network \$0 copay for Medicare-covered Acupuncture received in a PCP office. 20% coinsurance for Medicare-covered Acupuncture received in a Specialist office. 20% coinsurance for Medicare-covered Acupuncture received in a Chiropractor office.</p>

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

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

Additional Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Podiatry Services (Foot Care) Medicare Covered	<p>In-Network \$35 copay</p> <p>Out-of-Network \$35 copay</p>	<p>In-Network 20% coinsurance</p> <p>Out-of-Network 20% coinsurance</p>
Routine Podiatry Services	<p>In-Network \$35 copay</p> <p>Out-of-Network \$35 copay</p> <p>Unlimited visit(s) every year</p> <p>What you should know: Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.</p>	<p>In-Network 20% coinsurance</p> <p>Out-of-Network 20% coinsurance</p> <p>Unlimited visit(s) every year</p> <p>What you should know: Foot exams and treatments are available if you have diabetes-related nerve damage and/or meet certain conditions.</p>
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>	

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Additional Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Home health agency care	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Meals Post-Acute Meals	\$0 copay for each post-acute meal ▪ What you should know: 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.	\$0 copay for each post-acute meal ▪ What you should know: 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.
Medical Equipment/Supplies Durable Medical Equipment (DME)	In-Network 20% coinsurance * Out-of-Network 20% coinsurance	In-Network 20% coinsurance * Out-of-Network 20% coinsurance
Prosthetics	In-Network 20% coinsurance * Out-of-Network 20% coinsurance	In-Network 20% coinsurance * Out-of-Network 20% coinsurance

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Additional Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Diabetic supplies	In-Network \$0 copay * Out-of-Network \$0 copay	In-Network \$0 copay * Out-of-Network \$0 copay
Diabetic therapeutic shoes or inserts	In-Network 20% coinsurance * Out-of-Network 20% coinsurance	In-Network 20% coinsurance * Out-of-Network 20% coinsurance
Opioid treatment program services	In-Network \$35 copay Out-of-Network \$35 copay	In-Network 20% coinsurance Out-of-Network 20% coinsurance
Over-the-Counter (OTC) Items	\$0 copay The maximum total benefit is \$65 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.	\$0 copay The maximum total benefit is \$45 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	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.	For a detailed list of wellness program benefits offered, please refer to the Evidence of Coverage.

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

Additional Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Fitness	<p>\$0 copay Coverage includes: Activity Tracker and Physical Fitness</p> <p>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.</p>	<p>\$0 copay Coverage includes: Activity Tracker and Physical Fitness</p> <p>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.</p>
Additional sessions of smoking and tobacco cessation counseling	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p> <p>Limited to 5 visit(s) every year</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$0 copay</p> <p>Limited to 5 visit(s) every year</p>

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

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Additional Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Additional Routine Annual Physical	<p>In-Network \$0 copay</p> <p>Out-of-Network \$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.</p>	<p>In-Network \$0 copay</p> <p>Out-of-Network \$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.</p>
Clinical Care Line	\$0 copay	\$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>Spiritual Care: \$0 copay Referral may be required *</p>	<p>Grocery Delivery: You pay \$0 copay Plan covers up to \$50 per month to use on plan-approved grocery items. Limitations apply.</p> <p>Spiritual Care: \$0 copay Utility Flex Card: You pay \$0 copay Plan covers up to \$50 per month to help cover the cost of utilities for your home. Limitations apply.</p> <p>Referral may be required *</p>

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Additional Benefits

	Ascension Complete Michigan Access Plus (PPO) H7512, Plan 003	Ascension Complete Michigan Access (PPO) H7512, Plan 004
Flex Card	<u>Not</u> covered	\$1,000 yearly benefit 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.

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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 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 1-844 578-1928 (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 1-844 578-1928 (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 1-844 578-1928 (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. Enrollment in Ascension Complete depends on contract renewal.