



Aspire Health Plan
Monthly Plan Premium for People who get Extra Help from
Medicare
to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

Your level of extra help	Monthly Premium for Aspire Health Advantage Value*	Monthly Premium for Aspire Health Advantage*	Monthly Premium for Aspire Health Advantage Plus*
100%	\$0	\$63.90	\$133.90
75%	\$7.70	\$71.70	\$141.70
50%	\$15.50	\$79.50	\$149.50
25%	\$23.20	\$87.20	\$157.20

*This does not include any Medicare Part B premium you may have to pay.

Aspire Health Value (HMO), Aspire Health Advantage (HMO) and Aspire Health Advantage Plus (HMO-POS) premium includes coverage for both medical services and prescription drug coverage. If you choose to add or upgrade dental coverage your monthly premium will be different than the amount listed above.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY/TDD users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY/TDD users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

P.O. BOX 5490, SALEM OR 97304 ■ (855) 570-1600 / 711 (TTY)

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If you have any questions, please call Aspire Health Plan Member Service Department at toll free (855) 570-1600 or TTY users call 711. We are open 8:00am - 8:00pm PST Monday through Friday (except certain holidays) from February 15 through September 30 and 8:00am - 8:00pm PST seven days a week for the period of October 1 through February 14.

Aspire Health Plan is an HMO and HMO-POS plan sponsor with a Medicare contract. Enrollment in Aspire Health Plan depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information." Limitations, copayments, and restrictions may apply. Benefits, premium and/or copayments/coinsurance may change on January 1 of each year. You must continue to pay your Medicare Part B premium. The Formulary, pharmacy network, and/or provider network may change at any time. You will receive notice when necessary.

This information is available for free in other languages. Please call our customer service number at toll free (855) 570-1600 or TTY users call 711. We are open 8:00am - 8:00pm PST Monday through Friday (except certain holidays) from February 15 through September 30 and 8:00am - 8:00pm PST seven days a week for the period of October 1 through February 14. Esta información está disponible gratis en otros idiomas . Por favor llame a nuestro número de atención al cliente en (855) 570-1600 or Usuarios de TTY deben llamar al 711. Estamos abiertas de 8:00 am - 8:00 pm PST de lunes a viernes (excepto ciertos días festivos) del 15 de febrero al 30 de septiembre y las 8:00 am - 8:00 pm PST siete días a la semana para el período del 1 de octubre al 14 de febrero.