

2016 Benefits Overview



ASPIRE HEALTH ADVANTAGE VALUE (HMO)

BENEFIT	You Pay
Monthly Plan Premium	\$31
Out-of-Pocket Limit (In-Network Medicare-covered benefits)	\$5,000 in network
Annual Part C Deductible (all services except for Prescription Drugs)	None
Doctor Office Visits	In-Network
Primary Care Physician (PCP)	\$25 co-pay
Specialty Care Physician	\$35 co-pay
Inpatient Care	
Inpatient Hospital (Acute)	
Days 1 - 5:	\$300 co-pay per day
Days 6 - 90:	\$0 co-pay per day
Inpatient Mental Health Care	
Days 1 - 4:	\$300 co-pay per day
Days 5 - 90:	\$0 co-pay per day
Skilled Nursing Facility (SNF)	
Days 1 - 20:	\$0 co-pay per day
Days 21 - 100:	\$150 co-pay per day
Outpatient Care	
Home Health Services (must meet medical necessity criteria)	\$0 co-pay
Outpatient Hospital Surgery/Ambulatory Surgical Center (ASC) Services	\$300 co-pay
Other Outpatient Hospital Services (i.e., chemotherapy infusion visit, outpatient IV therapy and transfusion services and Part B drugs administered)	20% co-insurance

ASPIRE HEALTH ADVANTAGE (HMO)

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

You Pay	You Pay	You Pay
\$95	\$165	
\$4,500 in network	\$3,600 in network only	
None	None	
In-Network	In-Network	Out-of-Area
\$20 co-pay	\$15 co-pay	20% co-insurance
\$30 co-pay	\$20 co-pay	20% co-insurance
\$275 co-pay per day	\$250 co-pay per day	2016 Medicare-defined cost shares
\$0 co-pay per day	\$0 co-pay per day	2016 Medicare-defined cost shares
\$275 co-pay per day	\$250 co-pay per day	2016 Medicare-defined cost shares
\$0 co-pay per day	\$0 co-pay per day	2016 Medicare-defined cost shares
\$0 co-pay per day	\$0 co-pay per day	2016 Medicare-defined cost shares
\$125 co-pay per day	\$125 co-pay per day	2016 Medicare-defined cost shares
\$0 co-pay	\$0 co-pay	20% co-insurance
\$275 co-pay	\$250 co-pay	20% co-insurance
20% co-insurance	20% co-insurance	20% co-insurance

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

BENEFIT	You Pay
Cardiac & Pulmonary Rehabilitation Services	\$35 co-pay
Outpatient Mental Health (Individual/Group)	\$35 co-pay
Outpatient Substance Abuse (Individual/Group)	\$35 co-pay
Durable Medical Equipment (DME)	10% co-insurance
Prosthetic Devices	20% co-insurance
Rehabilitation Services	
Speech Therapy	\$35 co-pay
Physical Therapy	\$35 co-pay
Occupational Therapy	\$35 co-pay
Lab Services and Diagnostic Tests	
Diagnostic Tests & Procedures	\$15 co-pay
Lab Services	\$15 co-pay
X-rays	\$15 co-pay
Radiology (Diagnostic/Therapeutic)	\$35 co-pay
Emergency Services	
Urgently Needed Care (waived if admitted)	\$35 co-pay
Emergency Care (waived if admitted)	\$65 co-pay
Ambulance services (when medically necessary, waived if admitted)	\$250 co-pay
Wellness Exams & Screenings	
Medicare Covered Preventive Services	\$0 co-pay
Bone Mass Measurement (1 bone mass measurement every 2 years)	\$0 co-pay
Nutrition Therapy (for people with diabetes and kidney disease)	\$0 co-pay
Influenza Vaccine (1 per year)	\$0 co-pay
Mammogram (1 per year)	\$0 co-pay
Diabetes Monitoring	\$0 co-pay
Diabetes Supplies	\$0 co-pay
Diabetes - Therapeutic Shoes	\$0 co-pay

ASPIRE HEALTH ADVANTAGE (HMO)

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

You Pay	You Pay	You Pay
\$30 co-pay	\$20 co-pay	20% co-insurance
\$30 co-pay	\$20 co-pay	20% co-insurance
\$30 co-pay	\$20 co-pay	20% co-insurance
10% co-insurance	10% co-insurance	20% co-insurance
20% co-insurance	20% co-insurance	20% co-insurance
\$30 co-pay	\$20 co-pay	20% co-insurance
\$30 co-pay	\$20 co-pay	20% co-insurance
\$30 co-pay	\$20 co-pay	20% co-insurance
\$15 co-pay	\$15 co-pay	20% co-insurance
\$15 co-pay	\$15 co-pay	20% co-insurance
\$15 co-pay	\$15 co-pay	20% co-insurance
\$30 co-pay	\$20 co-pay	20% co-insurance
\$30 co-pay	\$20 co-pay	\$20 co-pay
\$65 co-pay	\$50 co-pay	\$50 co-pay
\$250 co-pay	\$250 co-pay	20% co-insurance
\$0 co-pay	\$0 co-pay	20% co-insurance
\$0 co-pay	\$0 co-pay	20% co-insurance
\$0 co-pay	\$0 co-pay	20% co-insurance
\$0 co-pay	\$0 co-pay	20% co-insurance
\$0 co-pay	\$0 co-pay	20% co-insurance
\$0 co-pay	\$0 co-pay	20% co-insurance
\$0 co-pay	\$0 co-pay	20% co-insurance
\$0 co-pay	\$0 co-pay	20% co-insurance

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

ADDITIONAL BENEFITS	You Pay
Preventive Dental	
Routine Cleaning (1 every 6 months)	Not covered
Oral Exam (1 every 6 months)	Not covered
X-rays (1 per year)	Not covered
Comprehensive Dental (optional buy-up)	
Deductible	None
Network	PPO - Guardian DentalGuard Preferred Select
Coverage	Up to \$1,000 per year
Additional Monthly Premium	\$29
Vision	
Diagnostic Screenings (Medicare-covered benefits)	\$25 co-pay
Routine Eye Exam	Not covered
Contact Lenses	Not covered
Frames & Lenses	Not covered
Hearing	
Diagnostic Hearing Exams (Medicare-covered benefits)	\$25 co-pay
Chiropractic Services	
Manipulation of spine to correct subluxation (Medicare-covered benefits)	\$20 co-pay
Routine care	Not covered
Covered visits per year	Not covered
Acupuncture	
Routine care	Not covered
Covered visits per year	Not covered
PRESCRIPTION BENEFITS	
Rx Deductible	\$280 (Tiers 2, 3, 4 and 5)
30-Day Retail Co-pays	
Tier 1: Preferred generic	\$4 co-pay
Tier 2: Generic	\$15 co-pay
Tier 3: Preferred brand	\$45 co-pay

ASPIRE HEALTH ADVANTAGE (HMO)
ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

You Pay	You Pay	You Pay
\$0 co-pay	\$0 co-pay	Not covered
\$0 co-pay	\$0 co-pay	Not covered
\$0 co-pay	\$0 co-pay	Not covered
None	None	Not covered
PPO - Guardian DentalGuard Preferred Select	PPO - Guardian DentalGuard Preferred Select	Not covered
Up to \$1,000 per year	Up to \$1,000 per year	Not covered
\$23	\$23	Not covered
\$20 co-pay	\$15 co-pay	20% co-insurance
\$10 co-pay	\$10 co-pay	Not covered
\$25 co-pay	\$25 co-pay	Not covered
\$25 co-pay	\$25 co-pay	Not covered
\$20 co-pay	\$15 co-pay	20% co-insurance
\$20 co-pay	\$15 co-pay	20% co-insurance
\$20 co-pay	\$15 co-pay	Not covered
4 visits	12 visits	Not covered
\$20 co-pay	\$15 co-pay	Not covered
6 visits	12 visits	Not covered
\$150 Brand Name & Specialty Drugs (tiers 3, 4, 5)	No deductible	
\$2 co-pay	\$2 co-pay	
\$5 co-pay	\$5 co-pay	
\$45 co-pay	\$45 co-pay	

	ASPIRE HEALTH ADVANTAGE VALUE (HMO)
Tier 4: Non-preferred brand	\$85 co-pay
Tier 5: Specialty-tier	26% co-insurance
Part B chemotherapy drugs	20% co-insurance
90-Day Co-pays (Retail and Mail Order)	You Pay
Tier 1: Preferred generic	\$8 co-pay
Tier 2: Generic	\$30 co-pay
Tier 3: Preferred brand	\$90 co-pay
Tier 4: Non-preferred brand	\$170 co-pay
Tier 5: Specialty-tier	26% co-insurance
Part B chemotherapy drugs	20% co-insurance for all Part B drugs

Initial Coverage- Our plan uses a formulary. You can get your prescriptions filled through Network Retail and Mail Order Pharmacies. Until the cost of Part D-covered drugs paid by you and us reaches \$3,310 in 2016, you will pay the amount(s) listed.

Transition Coverage for New Members - For outpatient drugs, up to one (1) 30 - day transition fills of Part D prescription medications, during the first 90 days of new membership in our plan. If you are in a Long Term Care Facility you can get up to three (3) 31-day transition fills of Part D prescription medications, during the first 90 days of new membership in our plan.

Coverage Gap - After your total yearly drug costs reach \$3,310, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 45% of the plan's costs for brand drugs and 58% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$4,850.

Catastrophic Coverage - After your yearly out-of-pocket drug costs reach \$4,850 in 2016, you pay the greater of: 5% co-insurance or \$2.95 co-pay for generic (including brand drugs treated as generic) and a \$7.40 co-pay for all other drugs.

ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)
\$85 co-pay	\$85 co-pay
29% co-insurance	33% co-insurance
20% co-insurance	20% co-insurance
You Pay	You Pay
\$4 co-pay	\$4 co-pay
\$10 co-pay	\$10 co-pay
\$90 co-pay	\$90 co-pay
\$170 co-pay	\$170 co-pay
29% co-insurance	33% co-insurance
20% co-insurance for all Part B drugs	20% co-insurance for all Part B drugs

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, premiums and/or co-payments/co-insurance 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.