



ASPIREHEALTHPLAN

The care you need from people you know.



Summary of Benefits

2016

JANUARY 1 – DECEMBER 31

Aspire Health Advantage Value (HMO)

Aspire Health Advantage (HMO)

Aspire Health Advantage Plus (HMO-POS)

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, call us and ask for the "Evidence of Coverage."

Section 1:

Introduction to Summary of Benefits

YOU HAVE CHOICES ABOUT HOW TO GET YOUR MEDICARE BENEFITS

- » One choice is to get your Medicare benefits through Original Medicare (fee-for-service Medicare). Original Medicare is run directly by the Federal government.
- » Another choice is to get your Medicare benefits by joining a Medicare Advantage health plan such as **Aspire Health Advantage Value (HMO)**, **Aspire Health Advantage (HMO)**, or **Aspire Health Advantage Plus (HMO-POS)**.

TIPS FOR COMPARING YOUR MEDICARE CHOICES

This Summary of Benefits booklet gives you a summary of what **Aspire Health Advantage Value (HMO)**, **Aspire Health Advantage (HMO)**, and **Aspire Health Advantage Plus (HMO-POS)** covers and what you pay.

- » If you want to compare our plan with other Medicare health plans, ask the other plans for their Summary of Benefits booklets. Or, use the Medicare Plan Finder on <http://www.medicare.gov>.
- » 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 <http://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.

SECTIONS IN THIS BOOKLET

- » Things to Know About **Aspire Health Advantage Value (HMO)**, **Aspire Health Advantage**

(HMO), and **Aspire Health Advantage Plus (HMO-POS)**.

- » Monthly Premium, Deductible, and Limits on How Much You Pay for Covered Services
- » Covered Medical and Hospital Benefits
- » Prescription Drug Benefits
- » Optional Benefits (you must pay an extra premium for these benefits)
- » This document is available in other formats such as Braille and large print.
- » This document may be available in a non-English language.
- » For additional information, call (855) 570-1600.
- » TTY users should call 711.
- » Este documento está disponible en otros formatos como Braille y en letra grande.
- » Este documento puede estar disponible en un idioma que no sea Inglés.
- » Para obtener más información, llame gratis (855) 570-1600 peaje.
- » Los usuarios de TTY deben llamar al 711.

THINGS TO KNOW ABOUT ASPIRE HEALTH ADVANTAGE VALUE (HMO), ASPIRE HEALTH ADVANTAGE (HMO), AND ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS).

Hours of Operation

- » From October 1 to February 14, you can call us 7 days a week from 8 am – 8 pm Pacific time.
- » From February 15 to September 30, you can call us Monday through Friday from 8 am – 8 pm Pacific time.

Aspire Health Advantage Value (HMO), Aspire Health Advantage (HMO), and Aspire Health Advantage Plus (HMO-POS) Phone Numbers and Website

- » If you are a member of this plan, call toll-free (855) 570-1600
- » TTY users should call 711
- » If you are not a member of this plan, call toll-free (888) 839-3991
- » TTY users should call 711
- » Our website: <http://www.aspirehealthplan.org>

Who can join?

To join **Aspire Health Advantage Value (HMO), Aspire Health Advantage (HMO), or Aspire Health Advantage Plus (HMO-POS)** you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area.

Our service area includes the following county in California: Monterey.

Which doctors, hospitals, and pharmacies can I use?

Aspire Health Advantage Value (HMO) and Aspire Health Advantage (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers that are not in our network, the plan may not pay for these services.

Aspire Health Advantage Plus (HMO-POS) has a network of doctors, hospitals, pharmacies, and other providers. For some services you can use providers that are not in our network.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs.

You can see our plan's provider and pharmacy directory at our web site (<http://www.aspirehealthplan.org>). Or, call us and we will send you a copy of the provider and pharmacy directories.

What do we cover?

Like all Medicare health plans, we cover everything that Original Medicare covers — and *more*.

- » **Our plan members get *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less.**
- » **Our plan members also get *more than what* is covered by Original Medicare. Some of the extra benefits are outlined in this booklet.**

We cover Part D drugs. In addition, we cover Part B drugs such as chemotherapy and some drugs administered by your provider.

- » You can see the complete plan formulary (list of Part D prescription drugs) and any restrictions on our web site, <http://www.aspirehealthplan.org>.
- » Or, call us and we will send you a copy of the formulary.

How will I determine my drug costs?

Our plan groups each medication into one of five “tiers.” You will need to use your formulary to locate what tier your drug is on to determine how much it will cost you. The amount you pay depends on the drug's tier and what stage of the benefit you have reached. Later in this document we discuss the benefit stages that occur after you meet your deductible (if applicable): Initial Coverage, Coverage Gap, and Catastrophic Coverage.

Section 2: Summary of Benefits

BENEFIT	ASPIRE HEALTH ADVANTAGE VALUE (HMO)
MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES	
	<p>How much is the monthly premium? \$31.00 per month. In addition, you must keep paying your monthly Part B premium.</p> <p>How much is the deductible? \$280.00 per year for Part D prescription drugs except for drugs listed on Tier 1 which are excluded from the deductible.</p> <p>Is there a limit on how much I will pay for my covered services? Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.</p> <p>Your yearly limit(s) in this plan:</p> <p>\$5,000 for services you receive from in-network providers.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.</p> <p>Is there a limit on how much the plan will pay? No. There are no limits on how much our plan will pay.</p>

*Aspire Health Plan is an HMO and HMO-POS plan sponsor with a Medicare contract.
Enrollment in Aspire Health Plan depends on contract renewal.*

ASPIRE HEALTH ADVANTAGE (HMO)

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

How much is the monthly premium?

\$95.00 per month. In addition, you must keep paying your monthly Part B premium.

How much is the deductible?

\$150.00 per year for Part D prescription drugs except for drugs listed on Tier 1 and Tier 2 which are excluded from the deductible.

Is there a limit on how much I will pay for my covered services?

Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Your yearly limit(s) in this plan:

\$4,500 for services you receive from in-network providers.

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, and we will pay the full cost for the rest of the year.

Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Is there a limit on how much the plan will pay?

Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

How much is the monthly premium?

\$165.00 per month. In addition, you must keep paying your monthly Part B premium.

How much is the deductible?

This plan does not have a deductible.

Is there a limit on how much I will pay for my covered services?

Yes. Like all Medicare health plans, our plan protects you by having yearly limits on your out-of-pocket costs for medical and hospital care.

Your yearly limit(s) in this plan:

\$3,600 for services you receive from in-network providers.

If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services, and we will pay the full cost for the rest of the year.

Please note that you will still need to pay your monthly premiums and cost-sharing for your Part D prescription drugs.

Is there a limit on how much the plan will pay?

Our plan has a coverage limit every year for certain in-network benefits. Contact us for the services that apply.

BENEFIT

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

COVERED MEDICAL AND HOSPITAL BENEFITS

NOTE:

SERVICES WITH A ¹ MAY REQUIRE PRIOR AUTHORIZATION.

SERVICES WITH A ² MAY REQUIRE A REFERRAL FROM YOUR DOCTOR.

OUTPATIENT CARE AND SERVICES

Acupuncture	Not covered
Ambulance	\$250 co-pay If you are admitted to the hospital, you do not have to pay for the ambulance services.
Chiropractic Care	Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 co-pay
Dental Services	Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$0 co-pay Limited dental services are defined as dental services covered by Medicare under Medicare Part A hospital and Part B medical benefits.

ASPIRE HEALTH ADVANTAGE (HMO)

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

<p>Acupuncture visit (for up to 6 visits every year): \$20 co-pay</p>	<p>Acupuncture visit (for up to 12 visits every year): In-network: \$15 co-pay</p>
<p>\$250 co-pay</p> <p>If you are admitted to the hospital, you do not have to pay for the ambulance services.</p>	<p>In-network: \$250 co-pay Out-of-network: 20% of the cost</p> <p>If you are admitted to the hospital, you do not have to pay for the ambulance services.</p> <p>Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.</p>
<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): \$20 co-pay</p> <p>Routine chiropractic visit (for up to 4 visits every year): \$20 co-pay</p>	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position):</p> <p>In-network: \$15 co-pay Out-of-network: 20% of the cost</p> <p>Routine chiropractic visit In-network: \$15 co-pay You are covered for up to 12 visits every year</p> <p>Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.</p>
<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth): \$0 co-pay</p> <p>Preventive dental services:</p> <p>Cleaning (for up to 1 every six months): \$0 co-pay</p>	<p>Limited dental services (this does not include services in connection with care, treatment, filling, removal, or replacement of teeth)</p> <p>In-network: \$0 co-pay Out-of-network: 20% of the cost</p>

BENEFIT

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

Dental Services (cont.)

Diabetes Supplies and Services

Diabetes monitoring supplies: You pay nothing.

Diabetes self-management training: You pay nothing.

Therapeutic shoes or inserts: You pay nothing.

Diagnostic Tests, Lab and Radiology Services, and X-Rays ¹ (Costs for these services may vary based on place of service)

Diagnostic radiology services (such as MRIs, CT scans): \$35 co-pay

Diagnostic tests and procedures: \$15 co-pay

Lab services: \$15 co-pay

Outpatient X-rays: \$15 co-pay

Therapeutic radiology services (such as radiation treatment for cancer): \$35 co-pay

ASPIRE HEALTH ADVANTAGE (HMO)

Dental x-ray(s) (for up to 1): \$0 co-pay
Oral exam (for up to 1 every six months): \$0 co-pay

Diabetes monitoring supplies: You pay nothing.
Diabetes self-management training: You pay nothing.
Therapeutic shoes or inserts: You pay nothing.

Diagnostic radiology services (such as MRIs, CT scans): \$30 co-pay
Diagnostic tests and procedures: \$15 co-pay
Lab services: \$15 co-pay
Outpatient x-rays: \$15 co-pay
Therapeutic radiology services (such as radiation treatment for cancer): \$30 co-pay

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

Preventive dental services:
Cleaning: In-network: \$0 co-pay. You are covered for up to 1 every six months.
Dental x-ray(s): In-network: \$0 co-pay. You are covered for up to 1.
Oral exam: In-network: \$0 co-pay. You are covered for up to 1 every six months.
Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

Diabetes monitoring supplies:
In-network: You pay nothing.
Out-of-network: 20% of the cost
Diabetes self-management training:
In-network: You pay nothing.
Out-of-network: 20% of the cost
Therapeutic shoes or inserts:
In-network: You pay nothing.
Out-of-network: 20% of the cost
Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

Diagnostic radiology services (such as MRIs, CT scans):
In-network: \$20 co-pay
Out-of-network: 20% of the cost
Diagnostic tests and procedures:
In-network: \$15 co-pay
Out-of-network: 20% of the cost
Lab services:
In-network: \$15 co-pay
Out-of-network: 20% of the cost

BENEFIT

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

Diagnostic Tests, Lab and Radiology Services, and X-Rays ¹ (cont.)

Prior authorization required for diagnostic procedures/tests over \$250.

Doctor's Office Visits

Primary care physician visit: \$25 co-pay

Specialist visit: \$35 co-pay

Durable Medical Equipment
(*wheelchairs, oxygen, etc.*) ¹

10% of the cost

Prior authorization required for durable medical equipment over \$250.

Emergency Care

\$65 co-pay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care"

ASPIRE HEALTH ADVANTAGE (HMO)

Prior authorization required for diagnostic procedures/tests over \$250.

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

Outpatient x-rays:
In-network: \$15 co-pay
Out-of-network: 20% of the cost

Therapeutic radiology services (such as radiation treatment for cancer):
In-network: \$20 co-pay
Out-of-network: 20% of the cost

Prior authorization required for diagnostic procedures/tests over \$250.

Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

Primary care physician visit: \$20 co-pay

Specialist visit: \$30 co-pay

Primary care physician visit:
In-network: \$15 co-pay
Out-of-network: 20% of the cost

Specialist visit:
In-network: \$20 co-pay
Out-of-network: 20% of the cost

Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

10% of the cost

Prior authorization required for durable medical equipment over \$250.

In-network: 10% of the cost
Out-of-network: 20% of the cost

Prior authorization required for durable medical equipment over \$250.

Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

\$65 co-pay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care"

\$50 co-pay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for emergency care. See the "Inpatient Hospital Care"

BENEFIT

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

Emergency Care (cont.)

section of this booklet for other costs.

Foot Care (podiatry services)

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$35 co-pay

Hearing Services

Exam to diagnose and treat hearing and balance issues: \$25 co-pay

Home Health Care ¹

You pay nothing.

Our plan covers the costs of medically necessary Medicare-covered home health services, however, authorization rules may apply.

Mental Health Care ¹

Inpatient visit:

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

The copays for hospital and skilled nursing facil-

ASPIRE HEALTH ADVANTAGE (HMO)

section of this booklet for other costs.

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: \$30 co-pay

Exam to diagnose and treat hearing and balance issues: \$20 co-pay

You pay nothing.

Our plan covers the costs of medically necessary Medicare-covered home health services, however, authorization rules may apply.

Inpatient visit:

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

The copays for hospital and skilled nursing facility

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

section of this booklet for other costs.

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions:

In-network: \$20 co-pay

Out-of-network: 20% of the cost

Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

Exam to diagnose and treat hearing and balance issues:

In-network: \$15 co-pay

Out-of-network: 20% of the cost

Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

In-network: You pay nothing.

Out-of-network: 20% of the cost

Our plan covers the costs of medically necessary Medicare-covered home health services, however, authorization rules may apply.

Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

Inpatient visit:

Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.

The copays for hospital and skilled nursing facil-

BENEFIT

Mental Health Care ¹

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

ity (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

\$300 co-pay per day for days 1 through 4

You pay nothing per day for days 5 through 90

Outpatient group therapy visit: \$35 co-pay

Outpatient individual therapy visit: \$35 co-pay

Authorization rules only apply to inpatient mental health care.

ASPIRE HEALTH ADVANTAGE (HMO)

(SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

\$275 co-pay per day for days 1 through 4

You pay nothing per day for days 5 through 90

Outpatient group therapy visit: \$30 co-pay

Outpatient individual therapy visit: \$30 co-pay

Authorization rules only apply to inpatient mental health care.

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

ity (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

In-network:

\$250 co-pay per day for days 1 through 4

You pay nothing per day for days 5 through 90

Out-of-network:

In 2015 the amounts for each benefit period are:

\$1,260 deductible for days 1 through 60

\$315 co-pay per day for days 61 through 90

\$630 co-pay per day for 60 lifetime reserve days

These amounts may change for 2016

Outpatient group therapy visit:

In-network: \$20 co-pay

Out-of-network: 20% of the cost

Outpatient individual therapy visit:

In-network: \$20 co-pay

Out-of-network: 20% of the cost

Authorization rules only apply to inpatient mental health care.

BENEFIT

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

Mental Health Care ¹

Outpatient Rehabilitation ¹

Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$35 co-pay

Occupational therapy visit: \$35 co-pay

Physical therapy and speech and language therapy visit: \$35 co-pay

Authorization rules may apply.

Outpatient Substance Abuse ¹

Group therapy visit: \$35 co-pay

Individual therapy visit: \$35 co-pay

Authorization rules may apply.

ASPIRE HEALTH ADVANTAGE (HMO)

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks): \$30 co-pay

Occupational therapy visit: \$30 co-pay

Physical therapy and speech and language therapy visit: \$30 co-pay

Authorization rules may apply.

Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

Cardiac (heart) rehab services (for a maximum of 2 one-hour sessions per day for up to 36 sessions up to 36 weeks):

In-network: \$20 co-pay

Out-of-network: 20% of the cost

Occupational therapy visit:

In-network: \$20 co-pay

Out-of-network: 20% of the cost

Physical therapy and speech and language therapy visit:

In-network: \$20 co-pay

Out-of-network: 20% of the cost

Authorization rules may apply. Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

Group therapy visit: \$30 co-pay

Individual therapy visit: \$30 co-pay

Authorization rules may apply.

Group therapy visit:

In-network: \$20 co-pay

Out-of-network: 20% of the cost

Individual therapy visit:

In-network: \$20 co-pay

Out-of-network: 20% of the cost

Authorization rules may apply.

Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

BENEFIT

Outpatient Surgery ¹

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

Ambulatory surgical center: \$35- \$300 co-pay, depending on the service

Outpatient hospital: \$35-\$300 co-pay or 20% of the cost, depending on the service

A \$35 co-pay applies only for Medicare-covered colonoscopy and endoscopy surgical procedures at Medicare-covered outpatient facilities. A \$300 co-pay applies for other Medicare-covered hospital outpatient surgical procedures and observation services at Medicare-covered facilities and ambulatory surgical centers.

A 20% co-insurance applies for all other Medicare-covered outpatient hospital services including infusion therapies such as a chemotherapy visit, outpatient IV therapy, transfusion services and Part B drugs administered.

Either the co-payment or co-insurance will apply to this service. No service will result in both a co-payment and a co-insurance.

Authorization rules may apply.

Over-the-Counter Items

Not Covered

Prosthetic Devices
(*braces, artificial limbs, etc.*) ¹

Prosthetic devices: 20% of the cost

Related medical supplies: 10% of the cost

Prior authorization required for prosthetics/medical supplies over \$250.

ASPIRE HEALTH ADVANTAGE (HMO)

Ambulatory surgical center: \$30- \$275 co-pay, depending on the service

Outpatient hospital: \$30-275 co-pay or 20% of the cost, depending on the service

A \$30 co-pay applies only for Medicare-covered colonoscopy and endoscopy surgical procedures at Medicare-covered outpatient facilities. A \$275 co-pay applies for other Medicare-covered hospital outpatient surgical procedures and observation services at Medicare-covered facilities and ambulatory surgical centers.

A 20% co-insurance applies for all other Medicare-covered outpatient hospital services including infusion therapies such as a chemotherapy visit, outpatient IV therapy, transfusion services and Part B drugs administered.

Either the co-payment or co-insurance will apply to this service. No service will result in both a co-payment and a co-insurance

Authorization rules may apply.

Not Covered

Prosthetic devices: 20% of the cost

Related medical supplies: 10% of the cost

Prior authorization required for prosthetics/medical supplies over \$250.

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

Ambulatory surgical center:

In-network: \$20- \$250 co-pay, depending on the service

Out-of-network: 20% of the cost

Outpatient hospital:

In-network: \$20- \$250 co-pay, depending on the service

Out-of-network: 20% of the cost

A \$20 co-pay applies only for Medicare-covered colonoscopy and endoscopy surgical procedures at Medicare-covered outpatient facilities. A \$250 co-pay applies for other Medicare-covered hospital outpatient surgical procedures and observation services at Medicare-covered facilities and ambulatory surgical centers.

A 20% co-insurance applies for all other Medicare-covered outpatient hospital services including infusion therapies such as a chemotherapy visit, outpatient IV therapy, transfusion services and Part B drugs administered.

Either the co-payment or co-insurance will apply to this service. No service will result in both a co-payment and a co-insurance.

Authorization rules may apply.

Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

Not Covered

Prosthetic devices:

In-network: 20% of the cost

Out-of-network: 20% of the cost

Related medical supplies:

In-network: 10% of the cost

Out-of-network: 20% of the cost

BENEFIT

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

Prosthetic Devices (cont.)

Renal Dialysis

You pay nothing.

Transportation ¹

You pay nothing (for up to 12 one-way trips every year) for in-network, non-urgent medical appointments.

To arrange transportation, please contact the plan at least 3 business days in advance to allow for proper scheduling.

Urgent Care

\$35 co-pay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the “Inpatient Hospital Care” section of this booklet for other costs.

Vision Services ¹

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):
\$25 co-pay

Eyeglasses or contact lenses after cataract surgery:
\$0 co-pay

ASPIRE HEALTH ADVANTAGE (HMO)

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

You pay nothing.

Prior authorization required for prosthetics/medical supplies over \$250.

Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

You pay nothing (for up to 12 one-way trips every year) for in-network, non-urgent medical appointments.

In-network: You pay nothing.
Out-of-network: 20% of the cost

Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

To arrange transportation, please contact the plan at least 3 business days in advance to allow for proper scheduling.

In-network: You pay nothing (for up to 12 one-way trips every year) for in-network, non-urgent medical appointments.

To arrange transportation, please contact the plan at least 3 business days in advance to allow for proper scheduling.

\$30 co-pay

\$20 co-pay

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the "Inpatient Hospital Care" section of this booklet for other costs.

If you are admitted to the hospital within 24 hours, you do not have to pay your share of the cost for urgent care. See the "Inpatient Hospital Care" section of this booklet for other costs.

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):
\$20 co-pay

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):
In-network: \$15 co-pay
Out-of-network: 20% of the cost

Routine eye exam (for up to 1): \$10 co-pay

Routine eye exam:

In-network: \$10 co-pay. You are covered for up to 1.

Contact lenses (for up to 1): \$25 co-pay

Contact lenses:

In-network: \$25 co-pay. You are covered for up to 1.

Eyeglasses (frames and lenses) (for up to 1): \$25 co-pay

Eyeglasses (frames and lenses):

In-network: \$25 co-pay. You are covered for up to 1.

Eyeglasses frames (for up to 1): \$25 co-pay

BENEFIT

Vision Services¹ (cont.)

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

PREVENTIVE CARE

Preventive Care

You pay nothing.

Our plan covers many preventive services, including:

- » Abdominal aortic aneurysm screening
- » Alcohol misuse counseling
- » Bone mass measurement
- » Breast cancer screening (mammogram)
- » Cardiovascular disease (behavioral therapy)
- » Cardiovascular screenings
- » Cervical and vaginal cancer screening

ASPIRE HEALTH ADVANTAGE (HMO)

Eyeglasses lenses (for up to 1): \$25 co-pay

Eyeglasses or contact lenses after cataract surgery:
\$0 co-pay

Our plan pays up to \$100 for eyewear.

Prior authorization required for medically necessary contact lenses (covered in full following authorization).

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

Eyeglasses frames:

In-network: \$25 co-pay. You are covered for up to 1.

Eyeglasses lenses:

In-network: \$25 co-pay. You are covered for up to 1.

Eyeglasses or contact lenses after cataract surgery:

In-network: \$0 co-pay

Out-of-network: 20% of the cost

Our plan pays up to \$150 for eyewear from an in-network provider.

Prior authorization required for medically necessary contact lenses (covered in full following authorization).

Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

You pay nothing.

Our plan covers many preventive services, including:

- » Abdominal aortic aneurysm screening
- » Alcohol misuse counseling
- » Bone mass measurement
- » Breast cancer screening (mammogram)
- » Cardiovascular disease (behavioral therapy)
- » Cardiovascular screenings
- » Cervical and vaginal cancer screening

In-network: You pay nothing.

Out-of-network: 20% of the cost

Our plan covers many preventive services, including:

- » Abdominal aortic aneurysm screening
- » Alcohol misuse counseling
- » Bone mass measurement
- » Breast cancer screening (mammogram)
- » Cardiovascular disease (behavioral therapy)
- » Cardiovascular screenings
- » Cervical and vaginal cancer screening

BENEFIT

Preventive Care (cont.)

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

- » Colorectal cancer screenings (Colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- » Depression screening
- » Diabetes screenings
- » HIV Screening
- » Medical nutrition therapy services
- » Obesity screening and counseling
- » Prostate cancer screenings (PSA)
- » Sexually transmitted infections screening and counseling
- » Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- » Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- » “Welcome to Medicare” preventive visit (one-time)
- » Yearly “Wellness” visit

Any additional preventive services approved by Medicare during the contract year will be covered.

HOSPICE

Hospice

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.

ASPIRE HEALTH ADVANTAGE (HMO)

- » Colorectal cancer screenings (Colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- » Depression screening
- » Diabetes screenings
- » HIV Screening
- » Medical nutrition therapy services
- » Obesity screening and counseling
- » Prostate cancer screenings (PSA)
- » Sexually transmitted infections screening and counseling
- » Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- » Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- » “Welcome to Medicare” preventive visit (one-time)
- » Yearly “Wellness” visit

Any additional preventive services approved by Medicare during the contract year will be covered.

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

- » Colorectal cancer screenings (Colonoscopy, fecal occult blood test, flexible sigmoidoscopy)
- » Depression screening
- » Diabetes screenings
- » HIV Screening
- » Medical nutrition therapy services
- » Obesity screening and counseling
- » Prostate cancer screenings (PSA)
- » Sexually transmitted infections screening and counseling
- » Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease)
- » Vaccines, including Flu shots, Hepatitis B shots, Pneumococcal shots
- » “Welcome to Medicare” preventive visit (one-time)
- » Yearly “Wellness” visit

Any additional preventive services approved by Medicare during the contract year will be covered.

Out-of-network coverage is restricted to practitioners and services accessed outside of the plan’s service area of Monterey County, California.

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.

You pay nothing for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.

BENEFIT

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

INPATIENT CARE

Inpatient Hospital Care ¹

The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

\$300 co-pay per day for days 1 through 5
You pay nothing per day for days 6 through 90

Authorization rules may apply.

ASPIRE HEALTH ADVANTAGE (HMO)

The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

\$275 co-pay per day for days 1 through 5
You pay nothing per day for days 6 through 90

Authorization rules may apply.

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

The copays for hospital and skilled nursing facility (SNF) benefits are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care (or skilled care in a SNF) for 60 days in a row. If you go into a hospital or a SNF after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There's no limit to the number of benefit periods.

Our plan covers 90 days for an inpatient hospital stay.

Our plan also covers 60 "lifetime reserve days." These are "extra" days that we cover. If your hospital stay is longer than 90 days, you can use these extra days. But once you have used up these extra 60 days, your inpatient hospital coverage will be limited to 90 days.

In-network:
\$250 co-pay per day for days 1 through 5
You pay nothing per day for days 6 through 90

Out-of-network:
In 2015 the amounts for each benefit period are:

\$1,260 deductible for days 1 through 60
\$315 co-pay per day for days 61 through 90
\$630 co-pay per day for 60 lifetime reserve days

These amounts may change for 2016.

Authorization rules may apply.

Out-of-network coverage is restricted to practitioners and services accessed outside of the plan's service area of Monterey County, California.

BENEFIT

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

Inpatient Mental Health Care

For inpatient mental health care, see the “Mental Health Care” section of this booklet.

Skilled Nursing Facility (SNF) ¹

Our plan covers up to 100 days in a SNF.

You pay nothing per day for days 1 through 20
\$150 co-pay per day for days 21 through 100

Authorization rules may apply.

PRESCRIPTION DRUG BENEFITS

Prescription Drug Benefits

How much do I pay?

For Part B drugs such as chemotherapy drugs¹:
20% of the cost

Other Part B drugs¹: 20% of the cost

Authorization rules may apply.

ASPIRE HEALTH ADVANTAGE (HMO)

For inpatient mental health care, see the “Mental Health Care” section of this booklet.

Our plan covers up to 100 days in a SNF.

You pay nothing per day for days 1 through 20
\$125 co-pay per day for days 21 through 100

Authorization rules may apply.

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

For inpatient mental health care, see the “Mental Health Care” section of this booklet.

Our plan covers up to 100 days in a SNF.

In-network:
You pay nothing per day for days 1 through 20
\$125 co-pay per day for days 21 through 100

Out-of-network:
In 2015 the amounts for each benefit period are:

You pay nothing per day for days 1 through 20
\$157.50 co-pay per day for days 21 through 100

These amounts may change in 2016.

Authorization rules may apply.

Out-of-network coverage is restricted to practitioners and services accessed outside of the plan’s service area of Monterey County, California.

How much do I pay?

For Part B drugs such as chemotherapy drugs¹:
20% of the cost

Other Part B drugs¹: 20% of the cost

Authorization rules may apply.

How much do I pay?

For Part B drugs such as chemotherapy drugs¹:
In-network: 20% of the cost
Out-of-network: 20% of the cost

Other Part B drugs¹:
In-network: 20% of the cost
Out-of-network: 20% of the cost

BENEFIT

Prescription Drug Benefits (cont.)

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

Initial Coverage

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Deductible: \$280 (applies to tiers 2, 3, 4, and 5)

STANDARD RETAIL COST-SHARING

Tier	One-month supply	Three-month supply
Tier 1 (Preferred generic)	\$4 co-pay	\$8 co-pay
Tier 2 (Generic)	\$15 co-pay	\$30 co-pay
Tier 3 (Preferred brand)	\$45 co-pay	\$90 co-pay
Tier 4 (Non-preferred brand)	\$85 co-pay	\$170 co-pay
Tier 5 (Specialty tier)	26% of the cost	26% of the cost

STANDARD MAIL ORDER COST-SHARING

Tier	Three-month supply
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% of the cost

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

ASPIRE HEALTH ADVANTAGE (HMO)

Initial Coverage

After you pay your yearly deductible, you pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

Deductible: \$150 (applies to tiers 3, 4, and 5)

STANDARD RETAIL COST-SHARING

Tier	One-month supply	Three-month supply
Tier 1 (Preferred generic)	\$2 co-pay	\$4 co-pay
Tier 2 (Generic)	\$5 co-pay	\$10 co-pay
Tier 3 (Preferred brand)	\$45 co-pay	\$90 co-pay
Tier 4 (Non-preferred brand)	\$85 co-pay	\$170 co-pay
Tier 5 (Specialty tier)	29% of the cost	29% of the cost

STANDARD MAIL ORDER COST-SHARING

Tier	Three-month supply
Tier 1 (Preferred generic)	\$4 co-pay
Tier 2 (Generic)	\$10 co-pay
Tier 3 (Preferred brand)	\$90 co-pay
Tier 4 (Non-preferred brand)	\$170 co-pay
Tier 5 (Specialty tier)	29% of the cost

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

Authorization rules may apply.

Initial Coverage

You pay the following until your total yearly drug costs reach \$3,310. Total yearly drug costs are the total drug costs paid by both you and our Part D plan.

You may get your drugs at network retail pharmacies and mail order pharmacies.

STANDARD RETAIL COST-SHARING

Tier	One-month supply	Three-month supply
Tier 1 (Preferred generic)	\$2 co-pay	\$4 co-pay
Tier 2 (Generic)	\$5 co-pay	\$10 co-pay
Tier 3 (Preferred brand)	\$45 co-pay	\$90 co-pay
Tier 4 (Non-preferred brand)	\$85 co-pay	\$170 co-pay
Tier 5 (Specialty tier)	33% of the cost	33% of the cost

STANDARD MAIL ORDER COST-SHARING

Tier	Three-month supply
Tier 1 (Preferred generic)	\$4 co-pay
Tier 2 (Generic)	\$10 co-pay
Tier 3 (Preferred brand)	\$90 co-pay
Tier 4 (Non-preferred brand)	\$170 co-pay
Tier 5 (Specialty Tier)	33% of the cost

If you reside in a long-term care facility, you pay the same as at a retail pharmacy.

BENEFIT

Prescription Drug Benefits (cont.)

ASPIRE HEALTH ADVANTAGE VALUE (HMO)

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.

After you enter the coverage gap, you pay 45% of the plan’s cost for covered brand name drugs and 58% of the plan’s cost for covered generic drugs until your costs total \$4,850, which is the end of the coverage gap. Not everyone will enter the coverage gap.

Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:

5% of the cost, or

\$2.95 co-pay for generic (including brand drugs treated as generic) and a \$7.40 co-payment for all other drugs.

ASPIRE HEALTH ADVANTAGE (HMO)

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.

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ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

You may get drugs from an out-of-network pharmacy, but may pay more than you pay at an in-network pharmacy.

Coverage Gap

Most Medicare drug plans have a coverage gap (also called the “donut hole”). This means that there’s a temporary change in what you will pay for your drugs. The coverage gap begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches \$3,310.

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Catastrophic Coverage

After your yearly out-of-pocket drug costs (including drugs purchased through your retail pharmacy and through mail order) reach \$4,850, you pay the greater of:

5% of the cost, or

\$2.95 co-pay for generic (including brand drugs treated as generic) and a \$7.40 co-payment for all other drugs.

BENEFIT**ASPIRE HEALTH ADVANTAGE VALUE (HMO)****OPTIONAL BENEFITS** (you must pay an extra premium each month for these benefits)

Package #1: Optional
Supplemental Dental Benefit

Benefits Include:

Preventive Dental
Comprehensive Dental

How much is the monthly premium?

Additional \$29.00 per month. You must keep paying your Medicare Part B premium and your \$31.00 monthly plan premium.

How much is the deductible?

This package does not have a deductible.

Is there a limit on how much the plan will pay?

Our plan pays up to \$1,000 every year.

Our plan has additional coverage limits for certain benefits.

ASPIRE HEALTH ADVANTAGE (HMO)

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

Benefits Include:

Comprehensive Dental

Additional \$23.00 per month. You must keep paying your Medicare Part B premium and your \$95.00 monthly plan premium.

This package does not have a deductible.

Our plan pays up to \$1,000 every year.

Our plan has additional coverage limits for certain benefits.

Benefits Include:

Comprehensive Dental

Additional \$23.00 per month. You must keep paying your Medicare Part B premium and your \$165.00 monthly plan premium.

This package does not have a deductible.

Our plan pays up to \$1,000 every year.

Our plan has additional coverage limits for certain benefits.

Section 3: Additional Information

BENEFIT	ASPIRE HEALTH ADVANTAGE VALUE (HMO)
<p>Eligible supplemental benefits:</p> <p>HEALTH EDUCATION: <i>Living Well Workshop, Chronic Disease Self-Management Program (CDSMP)</i> — An evidence-based workshop developed at Stanford University to help those living with chronic health conditions. Subjects covered in the program include (but not limited to) nutrition, symptom management, communication skills, use of medications, and techniques to deal with frustration, fatigue and pain. Workshops are 2 and 1/2 hours long, and run once per week in six week cycles. Workshops are held in community settings such as senior centers, churches, libraries, and hospitals. People with different chronic health problems attend together. Workshops are facilitated by two certified instructors one or both of whom are non-health professionals with chronic diseases themselves.</p> <p>Referral not required for Health Education Benefit.</p>	<p>\$0 co-pay</p> <p>Authorization rules may apply.</p>
<p>ENHANCED DISEASE MANAGEMENT: <i>Diabetes Prevention Program</i> — Evidence-based and adapted from the Centers for Disease Control, this program has shown success in helping people avoid or delay type 2 diabetes. Group sessions are held for 16 weeks, followed by 8 monthly meetings. Lifestyle coaching for healthy eating, exercise, and weight loss is included and goals are pursued safely and gradually.</p> <p><i>Life Connections</i> — For people who have been diagnosed with hypertension, hypercholesterolemia, diabetes, and/or coronary artery disease. This program includes specific classes focused on improving the person’s condition, one-on-one health coaching with a registered dietitian or nurse, and regular reports to doctors to ensure proper care is provided.</p>	<p>\$0 co-pay</p> <p>Authorization rules may apply.</p>

ASPIRE HEALTH ADVANTAGE (HMO)

ASPIRE HEALTH ADVANTAGE PLUS (HMO-POS)

\$0 co-pay

Authorization rules may apply.



ASPIREHEALTHPLAN

For more information, please call Aspire Health Plan: Toll Free: 855-570-1600, TTY users should call: 711.

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.

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 am to 8 pm PST Monday through Friday (except certain holidays) from February 15 through September 30 and 8 am to 8 pm 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 am - 8 pm PST de lunes a viernes (excepto ciertos días festivos) del 15 de febrero al 30 de septiembre y las 8 am - 8 pm PST siete días a la semana para el período del 1 de octubre al 14 de febrero.

Aspire Health Plan
10 Ragsdale Drive, Suite 101
Monterey, CA 93940

www.aspirehealthplan.org

