

Questions about Medicare and Aspire Health Plan? We're glad you asked.



1. What does Medicare Include?

“Original” or “Traditional” Medicare, as it’s typically called, includes Part A and Part B. Medicare Part A is hospital insurance and helps cover:

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Home health services

Medicare Part B is medical insurance and helps cover:

- Services from doctors and other healthcare providers
- Outpatient care
- Durable medical equipment (DME)
- Preventive services

2. How does Medicare work?

Medicare beneficiaries usually don’t pay a monthly premium for Medicare Part A (hospital insurance) coverage if either they or their spouse paid Medicare taxes while working. However, those who don’t qualify for Part A at no cost can still buy Part A.

Medicare beneficiaries pay a monthly premium for Part B (medical insurance), which can vary, depending on income level. Often, the premium is deducted from your Social Security check. The typical Part B premium in 2016 was \$104.90 a month.

You can contact Social Security for more information about Part A and Part B premiums. Also, there are deductibles and co-payments for Medicare Parts A and B. To learn more, check out our plan website at www.aspirehealthplan.org or the Medicare website at www.medicare.gov.

3. What about prescription drugs?

For prescription drug coverage, you may join a standalone Prescription Drug Plan (PDP) or a Medicare Advantage – Part D (MAPD) plan such as ours that includes Part D as part of a comprehensive plan.

In a standalone plan, participants pay a monthly premium for Part D coverage. But with Aspire Health Plan, your prescription drug coverage is included in one combined premium for MAPD coverage.

4. What is a Medicare Advantage plan?

Medicare Advantage plans are offered by private companies who have a contract with the Centers for Medicare and Medicaid Services (CMS) to cover all of your Medicare Part A and Part B benefits. Medicare Advantage plans are required to cover everything that Original Medicare covers and they typically cover more. Aspire Health Plan includes additional care benefits, health programs and services. Medicare Advantage Plans are referred to as Medicare Part C.

5. Why choose a Medicare Advantage plan instead of Original Medicare?

The big “Advantage” is that Medicare Advantage plans cover everything that Original Medicare covers, plus more. Many Medicare Advantage plans, ours included, cover Part D prescription drugs, transportation, acupuncture¹, chiropractic¹, vision¹, and dental¹. Plus, our plans do not have an annual medical or hospital deductible — you are covered from the start². Our low co-pays and co-insurance make your healthcare costs predictable and often save you substantial amounts of money when compared to Original Medicare. You could also save when compared to some alternatives such as Medicare Supplements (also called “Medigaps”) and standalone PDPs.

6. What is a coordinated care plan?

A coordinated care plan provides the right care in the right place at the right time. Aspire works directly with members and their care providers (doctors, hospitals, pharmacies, and wellness centers) to keep our members healthier. Consider people who struggle to manage their diabetes and, as a result, sometimes end up in the emergency department with high or low blood sugar. We coordinate with the member’s doctor to ensure that diabetes monitoring and education services are provided. In addition, we can assign members with high-risk diabetes their own care manager to assist and guide them.

Through coordinated care, we can improve the health of our members. To learn more, check out our plan website.

7. Why choose our Medicare Advantage plan over a Medicare Supplement (Medigap) plan?

First, as a Medicare Advantage plan that includes prescription drug coverage, Aspire Health Plan is a one-stop-shop for all your healthcare needs.

We’re NOT just an insurance company offering a Medicare Supplement insurance product. We’re a coordinated care plan designed by local doctors and medical specialists to maintain and/or improve the health of our members.

Second, we don’t just “fill in the gaps” of what Medicare doesn’t cover (deductibles and co-insurance). We administer all of your care — hospital, medical, and prescription drug coverage — through a coordinated team of healthcare providers.



Finally, Medicare Supplement premiums can vary widely and typically do not cover prescription drugs or other additional benefits such as dental, vision, hearing, or transportation. With a Medicare Advantage plan such as ours, premiums are generally lower and remain the same regardless of your age and health history, and we include Part D prescription drugs, transportation, acupuncture¹, chiropractic¹, vision¹, and dental¹. If affordability is an issue, remember that our monthly premiums start as low as <\$36>.

8. Can I continue to see my doctor?

Aspire partners with all four hospitals and more than 600 doctors in Monterey County. Our network of primary care physicians and specialists is accepting our Medicare Advantage plans. If your doctor is among the list of providers, you may continue to see him or her. If not, you may choose another doctor or stay with your current plan.

Find out if your provider is part of our network by checking out our Provider and Pharmacy Directory at www.aspirehealthplan.org.

9. How is our HMO-POS plan different than the two HMO plans that Aspire offers?

All of our Medicare Advantage plans use an HMO network of doctors, specialists, hospitals, and other medical service providers. With any Aspire Health Plan, you will first select a network primary care doctor (PCP) here in Monterey County, who will help coordinate your care.

All of our plans provide nationwide coverage for urgent and emergent care situations, so don't worry about emergencies or sudden illnesses that may arise when traveling. You are covered the same way you are in-network—anywhere in the country.

When receiving non-urgent or non-emergent care, you must use the providers who are in our network in Monterey County. In our two HMO plans, non-urgent or non-emergent care outside of the county is not covered.

In our HMO Point of Service (POS) plan, when using your plan in Monterey County, it works as an HMO- you must access the network of providers for your healthcare services. If you use providers who are in Monterey County but not in the plan's network, you are fully responsible for the cost of those services. When you are outside of Monterey County and anywhere in the U.S. or its territories, the plan's Point of Service component provides coverage for you to access Medicare participating providers and Medicare-covered services, the same way you are covered in-network. For more details, please contact the plan or refer to the Summary of Benefits.

10. What is a Medicare Advantage “Trial Right”?

The Medicare Advantage “Trial Right” is designed to take some of the pressure out of choosing between a Medigap policy and a Medicare Advantage Plan. This “Trial Right” allows you to apply for a Medigap policy on a guaranteed issue basis if you join a Medicare Advantage plan for the first time, and within the first year of joining, decide to return to Original Medicare and purchase a Medicare Supplement. There are some other circumstances by which you may qualify for a “Trial Right.” For more information, please visit www.medicare.gov.

11. How do I sign up for the Enhanced Health Benefits?

It's easy. But, please note that it will cost you an extra monthly premium. For new enrollees signing up for one of our health plans for the first time, you will be able to elect the Enhanced Health Benefits at the same time you elect your health plan option.

If you don't elect coverage at that time, you will have a short grace period in which you may still add the Enhanced Health Benefits, but you must apply for them within 30 days of your health plan effective date. After the 30-day window has passed, you will have to wait until the next annual election period to add them.

If you are already a member of Aspire Health Plan, you will have the opportunity to add our Enhanced Health Benefits to your existing health coverage during the next Annual Election Period (AEP).

12. What if I sign up for the Enhanced Health Benefits, and then decide I don't want them?

No problem. You may drop your Enhanced Health Benefits coverage at any time throughout the year and it will not affect your health plan coverage. If you choose to drop them, you must provide a written request to the plan. Your Enhanced Health Benefits will end effective the first of the month following the month in which you notified the plan of your intent to disenroll from them.

13. Can I sign up for just one (or two) of the Enhanced Health Benefits?

Aspire Health Plan requires that you sign up for all Enhanced Health Benefits (comprehensive Dental, Vision and Hearing) if you wish to add supplemental coverage to your plan.

References:

¹ This benefit is not available on all plans. Please refer to the Summary of Benefits for more detail.

² Aspire Health Advantage Value (HMO) has a deductible on (Tiers 2, 3, 4 and 5) on the prescription drug benefit. Aspire Health Advantage (HMO) has deductible on (Tiers 3, 4, and 5) on the prescription drug benefit. Please refer to the Summary of Benefits for more detail.