

2017 Plan Options



For more information, please call Aspire Health Plan | Toll Free: **(866) 798-9356**
 TTY Users should call: 711 | Open 8 a.m.-8 p.m. | 7 days a week | October 1-February 14,
 and Monday through Friday | February 15-September 30 (except certain holidays)

	Aspire Health Advantage Value (HMO)	Aspire Health Advantage (HMO)	Aspire Health Advantage Plus (HMO-POS)	
BENEFIT	YOU PAY	YOU PAY	YOU PAY	
Monthly Plan Premium	\$36	\$95	\$239	
Out-of-Pocket Limit (In-Network Medicare-covered benefits)	\$5,000 In Network	\$4,500 In Network	\$50	
Annual Part C Deductible (all services except for Prescription Drugs)	None	None	None	
DOCTOR OFFICE VISITS	IN-NETWORK	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Primary Care Physician (PCP)	\$10 co-pay	\$10 co-pay	No Cost to You	No Cost to You
Specialty Care Physician	\$35 co-pay	\$30 co-pay	No Cost to You	No Cost to You
INPATIENT CARE				
Inpatient Hospital (Acute)				
Days 1-6:	\$300 co-pay per day	\$275 co-pay per day	No Cost to You	No Cost to You
Days 7-90:	\$0 co-pay per day	\$0 co-pay per day	No Cost to You	No Cost to You
Inpatient Mental Health Care				
Days 1-5:	\$300 co-pay per day	\$275 co-pay per day	No Cost to You	No Cost to You
Days 6-90:	\$0 co-pay per day	\$0 co-pay	No Cost to You	No Cost to You
Skilled Nursing Facility (SNF)				
Days 1-20:	\$0 co-pay per day	\$0 co-pay per day	No Cost to You	No Cost to You
Days 21-100:	\$150 co-pay per day	\$100 co-pay per day	No Cost to You	No Cost to You
OUTPATIENT CARE				
Home Health Services (must meet medical necessity criteria)	\$0 co-pay per day	\$0 co-pay per day	No Cost to You	No Cost to You
Outpatient Hospital Surgery/ Ambulatory Surgical Center (ASC) Services	\$300 co-pay	\$275 co-pay	No Cost to You	No Cost to You
Other Outpatient Hospital Services (i.e., infusion therapies such as, outpatient IV therapy, transfusion services and Part B drugs administered.)	20% co-insurance	20% co-insurance	No Cost to You	No Cost to You
Cardiac Rehabilitation	\$35 co-pay	\$30 co-pay	No Cost to You	No Cost to You
Pulmonary Rehabilitation	\$30 co-pay	\$30 co-pay	No Cost to You	No Cost to You
Chemotherapy	\$45 co-pay	\$45 co-pay	No Cost to You	No Cost to You
Outpatient Mental Health (Individual/Group)	\$35 co-pay	\$30 co-pay	No Cost to You	No Cost to You
Outpatient Substance Abuse (Individual/Group)	\$35 co-pay	\$30 co-pay	No Cost to You	No Cost to You
Durable Medical Equipment (DME)	20% co-insurance	15% co-insurance	No Cost to You	No Cost to You
Prosthetic Devices	20% co-insurance	20% co-insurance	No Cost to You	No Cost to You
REHABILITATION SERVICES				
Speech Therapy	\$35 co-pay	\$30 co-pay	No Cost to You	No Cost to You
Physical Therapy	\$35 co-pay	\$30 co-pay	No Cost to You	No Cost to You
Occupational Therapy	\$35 co-pay	\$30 co-pay	No Cost to You	No Cost to You
LAB SERVICES AND DIAGNOSTIC TESTS				
Diagnostic Tests & Procedures	\$20 co-pay	\$15 co-pay	No Cost to You	No Cost to You
Lab Services	\$20 co-pay	\$15 co-pay	No Cost to You	No Cost to You
X-Rays	\$20 co-pay	\$15 co-pay	No Cost to You	No Cost to You
Radiology (Diagnostic/Therapeutic)	\$60 co-pay	\$40 co-pay	No Cost to You	No Cost to You
EMERGENCY SERVICES				
Urgently Needed Care (waived if admitted)	\$45 co-pay	\$40 co-pay	No Cost to You	No Cost to You
Emergency Care (waived if admitted)	\$75 co-pay	\$75 co-pay	No Cost to You	No Cost to You
Ambulance services (when medically necessary, waived if admitted)	\$250 co-pay	\$250 co-pay	No Cost to You	No Cost to You
WELLNESS EXAMS & SCREENINGS				
Medicare Covered Preventive Services	\$0 co-pay	\$0 co-pay	No Cost to You	No Cost to You
Bone Mass Measurement (1 bone mass measurement every 2 years)	\$0 co-pay	\$0 co-pay	No Cost to You	No Cost to You
Nutrition Therapy (for people with diabetes and kidney disease)	\$0 co-pay	\$0 co-pay	No Cost to You	No Cost to You
Influenza Vaccine (1 per year)	\$0 co-pay	\$0 co-pay	No Cost to You	No Cost to You
Mammogram (1 per year)	\$0 co-pay	\$0 co-pay	No Cost to You	No Cost to You
Diabetes Monitoring	\$0 co-pay	\$0 co-pay	No Cost to You	No Cost to You
Diabetes Supplies	\$0 co-pay	\$0 co-pay	No Cost to You	No Cost to You
Diabetes - Therapeutic Shoes	\$0 co-pay	\$0 co-pay	No Cost to You	No Cost to You

ADDITIONAL BENEFITS	Aspire Health Advantage Value (HMO)	Aspire Health Advantage (HMO)	Aspire Health Advantage Plus (HMO-POS)	
	IN-NETWORK	IN-NETWORK	IN-NETWORK	OUT-OF-NETWORK
PREVENTIVE DENTAL				
Routine Cleaning (1 every 6 months)	Not covered	\$0 co-pay	No Cost to You	Not Covered
Oral Exam (1 every 6 months)	Not covered	\$0 co-pay	No Cost to You	Not Covered
X-Rays (1 per year)	Not covered	\$0 co-pay	No Cost to You	Not Covered
VISION				
Diagnostic Screenings (Medicare-covered benefits)	\$35 co-pay	\$30 co-pay	No Cost to You	No Cost to You
Routine Eye Exam	Not covered	\$10 co-pay	\$10 co-pay	Not Covered
Contact Lenses	Not covered	\$25 co-pay	\$25 co-pay	Not Covered
Frames & Lenses	Not covered	\$25 co-pay	\$25 co-pay	Not Covered
HEARING				
Diagnostic Hearing Exams (Medicare-covered benefits)	\$35 co-pay	\$30 co-pay	No Cost to You	No Cost to You
CHIROPRACTIC SERVICES				
Manipulation of spine to correct subluxation (Medicare-covered benefits)	\$10 co-pay	\$10 co-pay	No Cost to You	No Cost to You
Routine care	Not covered	\$10 co-pay	No Cost to You	Not Covered
Covered visits per year	Not covered	6 visits	12 visits	Not Covered
ACUPUNCTURE				
Routine care	Not covered	\$10 co-pay	No Cost to You	Not Covered
Covered visits per year	Not covered	6 visits	12 visits	Not Covered
ENHANCED HEALTH BENEFITS	THIS OPTIONAL SUPPLEMENTAL BENEFIT PACKAGE CONTAINS COMPREHENSIVE DENTAL, VISION AND HEARING BENEFITS FOR AN ADDITIONAL MONTHLY PREMIUM. SEE SUMMARY OF BENEFITS FOR MORE DETAILS.			
Additional Monthly Premium	\$33	\$29	\$29	

Prescription Benefits Initial Coverage

Our plan uses a formulary. You can get your prescriptions filled through an In-Network Retail Pharmacy, Out-of-Network Pharmacy, Mail Order Pharmacy or through a Long Term Care Pharmacy. Until the total cost of Part D-covered drugs paid by you and us (and any other Part D plan) reaches \$3,700 in 2017, you will pay the amount(s) listed.

Rx Deductible	Advantage Health Advantage Value (HMO) Deductible: \$360 (Tiers 2, 3, 4 and 5)	Advantage Health Advantage (HMO) Deductible: \$150 brand name & specialty drugs (Tiers 3, 4 and 5)	Health Advantage Plus (HMO-POS) No deductible
30-Day Retail co-pays			
Tier 1: Preferred generic	\$4 co-pay	\$2 co-pay	\$2 co-pay
Tier 2: Generic	\$15 co-pay	\$8 co-pay	\$8 co-pay
Tier 3: Preferred brand	\$47 co-pay	\$45 co-pay	\$45 co-pay
Tier 4: Non-preferred brand	\$100 co-pay	\$100 co-pay	\$100 co-pay
Tier 5: Specialty-tier	25% co-insurance	30% co-insurance	33% co-insurance
90 Day co-pays (Retail and Mail Order)			
Tier 1: Preferred generic	\$8 co-pay	\$4 co-pay	\$4 co-pay
Tier 2: Generic	\$30 co-pay	\$16 co-pay	\$16 co-pay
Tier 3: Preferred brand	\$94 co-pay	\$90 co-pay	\$90 co-pay
Tier 4: Non-preferred brand	\$200 co-pay	\$200 co-pay	\$200 co-pay
Tier 5: Specialty-tier	25% co-insurance	30% co-insurance	33% co-insurance

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 \$3,700, 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 40% OF THE PLAN'S COSTS FOR BRAND DRUGS AND 51% OF THE PLAN'S COSTS FOR GENERIC DRUGS UNTIL YOUR YEARLY OUT-OF-POCKET DRUG COSTS REACH \$4,950. SOME OF OUR PLANS OFFER ADDITIONAL COVERAGE IN THE GAP. PLEASE REFER TO THE EOC FOR MORE INFORMATION.

CATASTROPHIC COVERAGE: AFTER YOUR YEARLY OUT-OF-POCKET DRUG COSTS REACH \$4,950 IN 2017, YOU PAY THE GREATER OF: 5% CO-INSURANCE OR \$3.30 CO-PAY FOR GENERIC (INCLUDING BRAND DRUGS TREATED AS GENERIC) AND A \$8.25 CO-PAY FOR ALL OTHER DRUGS.

Aspire Health Plan is an HMO 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, formulary, pharmacy network, provider network, premium 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.

Aspire Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-570-1600 (TTY: 711)

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-855-570-1600 (TTY: 711)。