

Your Medicare Advantage.
All-in-one plans. Exceptional service. Great value.

2018 Plan Options

	Aspire Health Value (HMO)	Aspire Health Advantage (HMO)	Aspire Health Plus (HMO-POS)	
BENEFIT	YOU PAY	YOU PAY	YOU PAY	
Monthly Plan Premium	\$35.50	\$129	\$247	
Out-of-Pocket Limit (In-Network Medicare-covered benefits)	\$6,000 In-Network	\$3,400 In-Network	\$0	
Annual Part C Deductible (all services except for Prescription Drugs)	None	None	None	
DOCTOR OFFICE VISITS	IN-NETWORK	IN-NETWORK	IN-NETWORK	OUT OF SERVICE AREA
Primary Care Physician (PCP)	\$10 co-pay	\$0	\$0	\$0
Specialty Care Physician	\$35 co-pay	\$15 co-pay	\$0	\$0
INPATIENT CARE				
Inpatient Hospital (Acute)				
Days 1-6:	\$300 co-pay per day	\$275 co-pay per day	\$0	\$0
Days 7-90:	\$0 per day	\$0 per day	\$0	\$0
Inpatient Mental Health Care				
Days 1-5:	\$300 co-pay per day	\$275 co-pay per day	\$0	\$0
Days 6-90:	\$0 per day	\$0 per day	\$0	\$0
Skilled Nursing Facility (SNF)				
Days 1-20:	\$0 per day	\$0 per day	\$0	\$0
Days 21-100:	\$165 co-pay per day	\$100 co-pay per day	\$0	\$0
OUTPATIENT CARE				
Outpatient Hospital Surgery/ Ambulatory Surgical Center (ASC) Services	\$300 co-pay	\$275 co-pay	\$0	\$0
Home Health Services (must meet medical necessity criteria)	\$0	\$0	\$0	\$0
Outpatient Mental Health (Individual/Group)	\$35 co-pay	\$15 co-pay	\$0	\$0
Outpatient Substance Abuse (Individual/Group)	\$35 co-pay	\$15 co-pay	\$0	\$0
EMERGENCY SERVICES				
Urgently Needed Care (waived if admitted within 24 hours)	\$45 co-pay	\$40 co-pay	\$0	\$0
Emergency Care (waived if admitted within 24 hours)	\$80 co-pay	\$80 co-pay	\$0	\$0
Ambulance services (when medically necessary, waived if admitted within 24 hours)	\$275 co-pay	\$250 co-pay	\$0	\$0
LAB SERVICES AND DIAGNOSTIC TESTS				
Diagnostic Tests & Procedures	\$20 co-pay	\$10 co-pay	\$0	\$0
Lab Services	\$20 co-pay	\$10 co-pay	\$0	\$0
X-Rays	\$20 co-pay	\$10 co-pay	\$0	\$0
Diagnostic Radiology	\$60-\$190 co-pay	\$30-\$100 co-pay	\$0	\$0
Therapeutic Radiology	\$60 co-pay	\$30 co-pay	\$0	\$0
MEDICAL EQUIPMENT & SUPPLIES				
Durable Medical Equipment (DME)	20% co-insurance	15% co-insurance	\$0	\$0
Prosthetic Devices	20% co-insurance	20% co-insurance	\$0	\$0
Diabetes Monitoring	\$0	\$0	\$0	\$0
Diabetes Supplies	\$0	\$0	\$0	\$0
Diabetes — Therapeutic Shoes	\$0	\$0	\$0	\$0
REHABILITATION SERVICES				
Speech, Physical, Occupational, Cardiac, Pulmonary Therapy	\$25 co-pay	\$15 co-pay	\$0	\$0
PART B DRUGS				
Chemotherapy	\$75 co-pay	\$65 co-pay	\$0	\$0
All Other	20% co-insurance	20% co-insurance	\$0	\$0
WELLNESS EXAMS & SCREENINGS				
Medicare Covered Preventive Services	\$0	\$0	\$0	\$0
Bone Mass Measurement (1 bone mass measurement every 2 years)	\$0	\$0	\$0	\$0
Nutrition Therapy (for people with diabetes and kidney disease)	\$0	\$0	\$0	\$0
Influenza Vaccine (1 per year)	\$0	\$0	\$0	\$0
Mammogram (1 per year)	\$0	\$0	\$0	\$0

In collaboration with



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 Value (HMO)	Aspire Health Advantage (HMO)	Aspire Health Plus (HMO-POS)	
ADDITIONAL BENEFITS	IN-NETWORK	IN-NETWORK	IN-NETWORK	OUT OF SERVICE AREA
PREVENTIVE DENTAL				
Routine Cleaning (1 every 6 months)	Not covered	\$0	\$0	Not Covered
Oral Exam (1 every 6 months)	Not covered	\$0	\$0	Not Covered
X-Rays (1 per year)	Not covered	\$0	\$0	Not Covered
VISION				
Diagnostic Screenings (Medicare-covered benefits)	\$35 co-pay	\$15 co-pay	\$0	\$0
Routine Eye Exam	Not covered	\$10 co-pay	\$0	Not Covered
Contact Lenses	Not covered	\$25 co-pay	\$0	Not Covered
Frames & Lenses	Not covered	\$25 co-pay	\$0	Not Covered
Plan coverage limit on eyecare	N/A	\$100/12 months	\$100/12 months	N/A
HEARING				
Diagnostic Hearing Exams (Medicare-covered benefits)	\$35 co-pay	\$15 co-pay	\$0	\$0
CHIROPRACTIC SERVICES				
Manipulation of spine to correct subluxation (Medicare-covered benefits)	\$10 co-pay	\$0	\$0	\$0
Routine care	Not covered	\$0	\$0	Not covered
Covered visits per year	Not covered	6 visits	12 visits	Not covered
ACUPUNCTURE				
Routine care	\$10 co-pay	\$10 co-pay	\$0	Not Covered
Covered visits per year	6 visits	6 visits	12 visits	Not Covered
TRANSPORTATION				
To in-network medical appointments	\$0	\$0	\$0	Not Covered
Covered visits per year (one-way trips)	12 one-way trips	12 one-way trips	12 one-way trips	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	\$35	\$31	\$31	

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 \$3,750 in 2018, you will pay the amount(s) listed.

	Aspire Health Value (HMO) Deductible: \$380 (Tiers 2, 3, 4 and 5)	Aspire Health Advantage (HMO) Deductible: \$150 brand name & specialty drugs (Tiers 3, 4 and 5)	Aspire Health Plus (HMO-POS) No deductible
RX DEDUCTIBLE			
30-Day Retail co-pays			
Tier 1: Preferred generic	\$3 co-pay	\$2 co-pay	\$0
Tier 2: Generic	\$13 co-pay	\$8 co-pay	\$8 co-pay
Tier 3: Preferred brand	\$47 co-pay	\$45 co-pay	\$42 co-pay
Tier 4: Non-preferred brand	50% co-insurance	\$95 co-pay	\$90 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	\$6 co-pay	\$4 co-pay	\$0
Tier 2: Generic	\$26 co-pay	\$16 co-pay	\$16 co-pay
Tier 3: Preferred brand	\$94 co-pay	\$90 co-pay	\$84 co-pay
Tier 4: Non-preferred brand	50% co-insurance	\$190 co-pay	\$180 co-pay
Tier 5: Specialty-tier	25% co-insurance	30% co-insurance	33% co-insurance
GAP Coverage	N/A	Tier 1, 2	Tier 1, 2

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 \$3,750, 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 35% of the plan's costs for brand drugs and 44% of the plan's costs for generic drugs until your yearly out-of-pocket drug costs reach \$5,000. 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 \$5,000 in 2018, you pay the greater of: 5% co-insurance or \$3.35 co-pay for generic (including brand name drugs treated as generic) and an \$8.35 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, 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. 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). Other Providers are available in our network. H8764_MKT_Benefit Brochure_1017_CMS Accepted