

# Summary of Benefits

Aspire Health Value (HMO) | Aspire Health Advantage (HMO) | Aspire Health Plus (HMO-POS)

January 1 – December 31

2018



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This is a summary of drug and health services covered by Aspire Health Plan (HMO) January 1, 2018 – December 31, 2018. Aspire Health Plan is a Medicare Advantage HMO plan sponsor with a Medicare contract. Enrollment in the Plan depends on contract renewal.

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## ASPIRE HEALTH PLAN

**Your Medicare Advantage.**

All-in-one plans. Exceptional service. Great value.

In collaboration with



Community Hospital  
of the Monterey Peninsula  
Montage Health



Salinas Valley  
Memorial  
Healthcare System

# Summary of Benefits

BENEFIT	ASPIRE HEALTH VALUE (HMO)
<b>MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU PAY FOR COVERED SERVICES</b>	
Monthly Plan Premium	\$35.50 monthly plan premium in addition to your monthly Part B premium.
Medical Services Deductible	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility (does not include prescription drugs)	<p>\$6,000 annually.</p> <p>The most you pay for co-pays, co-insurance and other costs for medical services for the year for services you receive from in-network providers.</p> <p>The amounts you pay for your plan premiums and for your Part D prescription drugs do not count toward your maximum out-of-pocket amount.</p>
Inpatient Hospital Coverage <sup>1</sup>	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>You pay \$300 co-pay per day for days 1 through 6.</p> <p>You pay nothing per day for days 7 through 90.</p> <p>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.</p>

Note:  
Services with a <sup>1</sup> may require prior authorization.

# Summary of Benefits (continued)

ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
<p>\$129.00 monthly plan premium in addition to your monthly Part B premium.</p>	<p>\$247.00 monthly plan premium in addition to your monthly Part B premium.</p>
<p>This plan does not have a deductible.</p>	<p>This plan does not have a deductible.</p>
<p>\$3,400 annually.</p> <p>The most you pay for co-pays, co-insurance and other costs for medical services for the year for services you receive from in-network providers.</p> <p>The amounts you pay for your plan premiums and for your Part D prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p>\$0 annually.</p> <p>The most you pay for co-pays, co-insurance and other costs for medical services for the year for services you receive from in-network providers.</p> <p>The amounts you pay for your plan premiums and for your Part D prescription drugs do not count toward your maximum out-of-pocket amount.</p>
<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>You pay \$275 co-pay per day for days 1 through 6.</p> <p>You pay nothing per day for days 7 through 90.</p> <p>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.</p>	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p><b>In-network:</b> You pay nothing for days 1-90.</p> <p><b>Out-of-network*:</b> You pay nothing for days 1-90.</p> <p>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.</p> <p>*Out-of-network coverage is restricted to Medicare-participating practitioners and Medicare-covered services accessed outside of the plan’s service area of Monterey County, California.</p>

# Summary of Benefits (continued)

BENEFIT	ASPIRE HEALTH VALUE (HMO)
Outpatient Hospital Coverage <sup>1</sup>	<p>Outpatient hospital: You pay \$300 co-pay or 20% of the cost, depending on the service.</p> <p>Ambulatory surgical center or outpatient surgery: You pay \$300 co-pay per date of service.</p> <p>Diagnostic colonoscopy and endoscopy surgical procedures: You pay \$300 co-pay per date of service.</p> <p>Other Outpatient Hospital Services, including outpatient IV Therapy and transfusion services: 20% co-insurance.</p>
Doctor Visits <ul style="list-style-type: none"><li>» Primary Care</li><li>» Specialists</li></ul>	<p>Primary care visit: You pay \$10 co-pay per visit.</p> <p>Specialist visit: You pay \$35 co-pay per visit.</p>

# Summary of Benefits (continued)

## ASPIRE HEALTH ADVANTAGE (HMO)

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

Ambulatory surgical center or outpatient surgery: You pay \$275 co-pay per date of service.

Diagnostic colonoscopy and endoscopy surgical procedures: You pay \$15 co-pay per date of service.

Other Outpatient Hospital Services, including outpatient IV Therapy and transfusion services: 20% co-insurance.

Primary care visit: You pay nothing per visit.

Specialist visit: You pay \$15 co-pay per visit.

## ASPIRE HEALTH PLUS (HMO-POS)

**In-network:** You pay nothing for ambulatory surgical center services, outpatient hospital services including outpatient surgery, outpatient IV therapy, and transfusion services.

**Out-of-network\*:** You pay nothing for ambulatory surgical center services, outpatient hospital services including outpatient surgery, outpatient IV therapy, and transfusion services.

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

### **In-network:**

Primary care visit: You pay nothing per visit.

Specialist visit: You pay nothing per visit.

### **Out-of-network\*:**

Primary care visit: You pay nothing per visit.  
Specialist visit: You pay nothing per visit.

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

# Summary of Benefits (continued)

BENEFIT	ASPIRE HEALTH VALUE (HMO)
Preventive Care	<p>You pay nothing.</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"><li>• Abdominal aortic aneurysm screening</li><li>• Alcohol misuse counseling</li><li>• Annual wellness visit</li><li>• Bone mass measurement</li><li>• Breast cancer screening (mammogram)</li><li>• Cardiovascular disease reduction visit</li><li>• Cardiovascular screenings</li><li>• Cervical and vaginal cancer screening</li><li>• Colorectal cancer screenings</li><li>• Depression screening</li><li>• Diabetes screening</li><li>• HIV screening</li><li>• Obesity screening</li><li>• Screening for sexually transmitted disease</li><li>• Smoking and tobacco use counseling</li></ul>
Emergency Care	<p>You pay \$80 co-pay per visit.</p> <p>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 Coverage” section of this booklet for other costs.</p>

# Summary of Benefits (continued)

## ASPIRE HEALTH ADVANTAGE (HMO)

You pay nothing.

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease reduction visit
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings
- Depression screening
- Diabetes screening
- HIV screening
- Obesity screening
- Screening for sexually transmitted disease
- Smoking and tobacco use counseling

## ASPIRE HEALTH PLUS (HMO-POS)

**In-network:** You pay nothing.

**Out-of-network\*:** You pay nothing.

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse counseling
- Annual wellness visit
- Bone mass measurement
- Breast cancer screening (mammogram)
- Cardiovascular disease reduction visit
- Cardiovascular screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings
- Depression screening
- Diabetes screening
- HIV screening
- Obesity screening
- Screening for sexually transmitted disease
- Smoking and tobacco use counseling

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

You pay \$80 co-pay per visit.

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 Coverage" section of this booklet for other costs.

**In-network:** You pay nothing per visit.

**Out-of-network:** You pay nothing per visit.

If you receive emergency care at an out-of-network hospital and need inpatient care after your emergency condition is stabilized, you must return to a network hospital in order for your care to continue to be covered OR you must have your inpatient care at the out-of-network hospital authorized by the plan and your cost is the cost-sharing you would pay at a network hospital.

# Summary of Benefits (continued)

BENEFIT	ASPIRE HEALTH VALUE (HMO)
<p>Urgently Needed Services</p>	<p>You pay \$45 co-pay per visit.</p> <p>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 Coverage” section of this booklet for other costs.</p>
<p>Diagnostic Services/Labs/Imaging<sup>1</sup></p> <ul style="list-style-type: none"> <li>» Diagnostic radiology service</li> <li>» Therapeutic radiology service</li> <li>» Lab services</li> <li>» Diagnostic tests and procedures</li> <li>» Outpatient x-rays</li> </ul>	<p>Complex diagnostic radiology services (such as CT, PET, MRI, MRA, Nuclear Medicine, Angiography): You pay \$190 co-pay per service.</p> <p>General diagnostic radiology services: You pay \$60 co-pay per service.</p> <p>Therapeutic radiology services (such as radiation treatment for cancer): You pay \$60 co-pay per service.</p> <p>Lab services: You pay \$20 co-pay per service.</p> <p>Diagnostic tests and procedures: You pay \$20 co-pay per service.</p> <p>Outpatient X-rays: You pay \$20 co-pay per X-ray.</p>

# Summary of Benefits (continued)

## ASPIRE HEALTH ADVANTAGE (HMO)

You pay \$40 co-pay per visit.

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 Coverage” section of this booklet for other costs.

Complex diagnostic radiology services (such as CT, PET, MRI, MRA, Nuclear Medicine, Angiography): You pay \$100 co-pay per service.

General Diagnostic radiology services: You pay \$30 co-pay per service.

Therapeutic radiology services (such as radiation treatment for cancer): You pay \$30 co-pay per service.

Lab services: You pay \$10 co-pay per service.

Diagnostic tests and procedures: You pay \$10 co-pay per service.

Outpatient X-rays: You pay \$10 co-pay per X-ray.

## ASPIRE HEALTH PLUS (HMO-POS)

**In-network:** You pay nothing per visit.

**Out-of-network\*:** You pay nothing per visit.

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

**In-network:** You pay nothing for each service.

**Out-of-network\*:** You pay nothing for each service.

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

# Summary of Benefits (continued)

BENEFIT	ASPIRE HEALTH VALUE (HMO)
<p>Hearing Services</p> <p>» Hearing exam</p>	<p>You pay \$35 co-pay for each Medicare-covered diagnostic hearing exam.</p> <p>Additional hearing services are available in the Enhanced Health Benefit option for an additional premium of \$35.00 per month. Please refer to the Optional Benefit section for more details.</p>
<p>Dental Services</p>	<p>Dental coverage is limited to services covered by Medicare under Medicare Part A hospital and Medicare Part B medical benefits.</p> <p>Additional dental services are available in the Enhanced Health Benefit option for an additional premium of \$35.00 per month. Please refer to the Optional Benefit section for more details.</p>

# Summary of Benefits (continued)

## ASPIRE HEALTH ADVANTAGE (HMO)

You pay \$15 co-pay for each Medicare-covered diagnostic hearing exam.

Additional hearing services are available in the Enhanced Health Benefit option for an additional premium of \$31.00 per month. Please refer to the Optional Benefit section for more details.

## ASPIRE HEALTH PLUS (HMO-POS)

**In-network:** You pay nothing.

**Out-of-network\*:** You pay nothing.

Additional hearing services are available in the Enhanced Health Benefit option for an additional premium of \$31.00 per month. Please refer to the Optional Benefit section for more details.

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

Preventive dental services:

Oral exam (up to 1 every six months):  
You pay nothing.

Cleaning (up to 1 every six months):  
You pay nothing.

Dental x-ray(s):

1 full mouth/panoramic series every 12 months:  
You pay nothing.

1 bite wing series every 12 months:  
You pay nothing.

No prior authorization required for covered services accessed in-network. Preventive dental services are not covered out of network.

Additional dental services are available in the Enhanced Health Benefit option for an additional premium of \$31.00 per month. Please refer to the Optional Benefit section for more details.

Preventive dental services:

Oral exam (up to 1 every six months):  
You pay nothing.

Cleaning (up to 1 every six months):  
You pay nothing.

Dental x-ray(s):

1 full mouth/panoramic series every 12 months:  
You pay nothing.

1 bite wing series every 12 months:  
You pay nothing.

No prior authorization is required for covered benefits accessed in-network. Preventive dental services are not covered out of network.

Additional dental services are available in the Enhanced Health Benefit option for an additional premium of \$31.00 per month. Please refer to the Optional Benefit section for more details.

# Summary of Benefits (continued)

BENEFIT	ASPIRE HEALTH VALUE (HMO)
Vision Services <sup>1</sup>	<p>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): You pay \$35 co-pay.</p> <p>Eyeglasses or contact lenses after cataract surgery: You pay nothing, prior authorization required.</p> <p>Additional vision services are available in the Enhanced Health Benefit option for an additional premium of \$35.00 per month. Please refer to the Optional Benefit section for more details.</p>

# Summary of Benefits (continued)

## ASPIRE HEALTH ADVANTAGE (HMO)

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):  
You pay \$15 co-pay.

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

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

Eyeglasses (frames and lenses) (for up to 1 pair every 12 months): You pay \$25 co-pay.

Eyeglasses frames (for up to 1 every 12 months):  
You pay \$25 co-pay.

Eyeglasses lenses (for up to pair 1 every 12 months):  
You pay \$25 co-pay.

Eyeglasses or contact lenses after cataract surgery:  
You pay nothing, prior authorization required.

Our plan pays up to \$100 every 12 months for eyewear.

Additional vision services are available in the Enhanced Health Benefit option for an additional premium of \$31.00 per month. Please refer to the Optional Benefit section for more details

## ASPIRE HEALTH PLUS (HMO-POS)

### **In-network / Out-of-network\*:**

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):  
You pay nothing.

You pay nothing for medically necessary eyeglasses or contact lenses after cataract surgery, prior authorization required. In and out of network.

### **In-network:**

Routine eye exam (for up to 1): You pay nothing.

Contact lenses (for up to 1 pair): You pay nothing up to the maximum benefit.

Eyeglasses (frames and lenses) (for up to 1 pair every 12 months): You pay nothing up to the maximum benefit.

Eyeglasses frames (for up to 1 every 12 months):  
You pay nothing up to the maximum benefit.

Eyeglasses lenses (for up to 1 pair every 12 months):  
You pay nothing up to the maximum benefit.

Our plan pays up to \$100 every 12 months for eyewear.

Additional vision services are available in the Enhanced Health Benefit option for an additional premium of \$31.00 per month. Please refer to the Optional Benefit section for more details.

Additional services and benefits (not covered by Medicare) are not covered out-of-network.

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

# Summary of Benefits (continued)

BENEFIT	ASPIRE HEALTH VALUE (HMO)
<p>Mental Health Services<sup>1</sup></p> <ul style="list-style-type: none"><li>» Inpatient</li><li>» Outpatient group therapy visit</li><li>» Outpatient individual therapy visit</li></ul>	<p>Inpatient visit:</p> <p>You pay \$300 co-pay per day for days 1 through 5.</p> <p>You pay nothing per day for days 6 through 90.</p> <p>Our plan covers up to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital.</p> <p>The inpatient hospital care limit does not apply to inpatient mental services provided in a general hospital.</p> <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>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.</p> <p>Outpatient group therapy visit: You pay \$35 co-pay.</p> <p>Outpatient individual therapy visit: You pay \$35 co-pay.</p>

# Summary of Benefits (continued)

## ASPIRE HEALTH ADVANTAGE (HMO)

Inpatient visit:

You pay \$275 co-pay per day for days 1 through 5.

You pay nothing per day for days 6 through 90.

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.

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.

Outpatient group therapy visit:  
You pay \$15 co-pay.

Outpatient individual therapy visit:  
You pay \$15 co-pay.

## ASPIRE HEALTH PLUS (HMO-POS)

**In-network:**

Inpatient visit: You pay nothing per day for days 1 through 90.

Outpatient group therapy visit: You pay nothing.

Outpatient individual therapy visit:  
You pay nothing.

**Out-of-network\*:**

Inpatient visit: You pay nothing per day for days 1 through 90.

Outpatient group therapy visit: You pay nothing.  
Outpatient individual therapy visit:  
You pay nothing.

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

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. 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.

# Summary of Benefits (continued)

BENEFIT	ASPIRE HEALTH VALUE (HMO)
<p>Skilled Nursing Facility<sup>1</sup></p>	<p>You pay nothing per day for days 1 through 20.</p> <p>\$165 co-pay per day for days 21 through 100.</p> <p>Our plan covers up to 100 days in a SNF.</p>
<p>Rehabilitation Services<sup>1</sup></p> <ul style="list-style-type: none"><li>» Cardiac (heart) rehab visit</li><li>» Occupational therapy visit</li><li>» Physical therapy, speech therapy, and language therapy visit</li></ul>	<p>Cardiac (heart) rehab services: You pay \$25 co-pay for each visit.</p> <p>Occupational therapy visit: You pay \$25 co-pay for each visit.</p> <p>Physical therapy, speech therapy, and language therapy visit: You pay \$25 co-pay for each visit.</p>

# Summary of Benefits (continued)

## ASPIRE HEALTH ADVANTAGE (HMO)

You pay nothing per day for days 1 through 20.

\$100 co-pay per day for days 21 through 100.

Our plan covers up to 100 days in a SNF.

## ASPIRE HEALTH PLUS (HMO-POS)

Our plan covers up to 100 days in a SNF.

**In-network:** You pay nothing per day for days 1 through 100.

**Out-of-network\*:** You pay nothing per day for days 1 through 100.

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

Cardiac (heart) rehab visit:  
You pay \$15 co-pay for each visit.

Occupational therapy visit:  
You pay \$15 co-pay for each visit.

Physical therapy, speech therapy, and language therapy visit: You pay \$15 co-pay for each visit.

**In-network:**  
Cardiac (heart) rehab visit: You pay nothing.

Occupational therapy visit: You pay nothing.

Physical therapy, speech therapy, and language therapy visit: You pay nothing.

**Out-of-network\*:**  
Cardiac (heart) rehab visit: You pay nothing.

Occupational therapy visit: You pay nothing.

Physical therapy, speech therapy, and language therapy visit: You pay nothing.

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

# Summary of Benefits (continued)

BENEFIT	ASPIRE HEALTH VALUE (HMO)
<p>Ambulance<sup>1</sup></p>	<p>You pay \$275 co-pay.</p> <p>If you are admitted to the hospital, you do not have to pay for the ambulance services.</p> <p>You must receive Authorization from plan prior to utilization of non-emergency ambulance services.</p>
<p>Transportation<sup>1</sup></p>	<p>You pay nothing.</p> <p>12 one-way trips each year to routine in-network medical appointments.</p> <p>To arrange transportation, please contact the plan 3 business days in advance to allow for proper scheduling.</p>
<p>Medicare Part B Drugs<sup>1</sup></p>	<p>You pay 20% of the cost for Medicare-covered Part B prescription drugs.</p> <p>You pay \$75 co-pay for each Medicare-covered outpatient chemotherapy treatment, per day.</p>

# Summary of Benefits (continued)

## ASPIRE HEALTH ADVANTAGE (HMO)

You pay \$250 co-pay.

If you are admitted to the hospital, you do not have to pay for the ambulance services.

You must receive Authorization from plan prior to utilization of non-emergency ambulance services.

## ASPIRE HEALTH PLUS (HMO-POS)

**In-network:** You pay nothing.

**Out-of-network\*:** You pay nothing.

You must receive Authorization from plan prior to utilization of non-emergency ambulance services.

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

You pay nothing.

12 one-way trips each year to routine in-network medical appointments.

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

**In-network:** You pay nothing.

12 one-way trips each year to routine in-network medical appointments.

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

**Out-of-network:** Routine transportation is not covered out-of-network

You pay 20% of the cost for Medicare-covered Part B prescription drugs.

You pay \$65 co-pay for each Medicare-covered outpatient chemotherapy treatment, per day.

**In-network:** You pay nothing.

**Out-of-network\*:** You pay nothing.

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

# Summary of Benefits (continued)

BENEFIT	ASPIRE HEALTH VALUE (HMO)
Foot Care (podiatry services)	Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay \$35 co-pay.
Medical Equipment/Supplies <sup>1</sup>	You pay 20% of the cost for each durable medical equipment or supply.

# Summary of Benefits (continued)

## ASPIRE HEALTH ADVANTAGE (HMO)

Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay \$15 co-pay.

You pay 15% of the cost for each durable medical equipment or supply.

## ASPIRE HEALTH PLUS (HMO-POS)

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

**In-network:** You pay nothing.

**Out-of-network\*:** You pay nothing.

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

**In-network:** You pay nothing.

**Out-of-network\*:** You pay nothing.

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

# Summary of Benefits (continued)

BENEFIT	ASPIRE HEALTH VALUE (HMO)
Wellness Programs <sup>1</sup>	<p><b>Enhanced Disease Management</b></p> <p>You pay nothing for enhanced disease management.</p> <p>The program is designed for members currently under treatment for hypertension, high cholesterol, diabetes, and/or coronary artery disease. The program includes classes, in-person health coaching, and regular reports to providers to ensure proper follow-up. Members are assigned to a clinician with specialized knowledge about their disease(s). The clinician routinely monitors their health status and program participation. Participants first complete a one-hour introductory coaching session with a health coach followed by condition-specific group classes and appointments with a registered nurse, registered dietitian, exercise physiologist, or qualified health professional.</p>
Acupuncture	You pay \$10 per visit (for up to 6 visits every year).

# Summary of Benefits (continued)

## ASPIRE HEALTH ADVANTAGE (HMO)

### Enhanced Disease Management

You pay nothing for enhanced disease management.

The program is designed for members currently under treatment for hypertension, high cholesterol, diabetes, and/or coronary artery disease. The program includes classes, in-person health coaching, and regular reports to providers to ensure proper follow-up. Members are assigned to a clinician with specialized knowledge about their disease(s). The clinician routinely monitors their health status and program participation. Participants first complete a one-hour introductory coaching session with a health coach followed by condition-specific group classes and appointments with a registered nurse, registered dietitian, exercise physiologist, or qualified health professional.

You pay \$10 per visit (for up to 6 visits every year).

## ASPIRE HEALTH PLUS (HMO-POS)

### Enhanced Disease Management

**In-network:** You pay nothing for enhanced disease management.

The program is designed for members currently under treatment for hypertension, high cholesterol, diabetes, and/or coronary artery disease. The program includes classes, in-person health coaching, and regular reports to providers to ensure proper follow-up. Members are assigned to a clinician with specialized knowledge about their disease(s). The clinician routinely monitors their health status and program participation. Participants first complete a one-hour introductory coaching session with a health coach followed by condition-specific group classes and appointments with a registered nurse, registered dietitian, exercise physiologist, or qualified health professional.

**Out-of-network:** Enhanced disease management program benefits are not covered out-of-network.

**In-network:** You pay nothing per visit (for up to 12 visits every year).

**Out-of-network:** Not covered

# Summary of Benefits (continued)

BENEFIT	ASPIRE HEALTH VALUE (HMO)
Chiropractic Care	<p>Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay \$10 co-pay.</p> <p>Routine chiropractic care: Not covered.</p>
Diabetes Supplies and Services	<p>Diabetes monitoring supplies: You pay nothing.</p> <p>Diabetes self-management training: You pay nothing.</p> <p>Therapeutic shoes or inserts: You pay nothing.</p>
Home Health Care <sup>1</sup>	<p>You pay nothing.</p> <p>Our plan covers the costs of Medicare-covered home health services.</p>

# Summary of Benefits (continued)

## ASPIRE HEALTH ADVANTAGE (HMO)

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay nothing per visit.

Routine chiropractic visit (for up to 6 visits every year): You pay nothing per visit.

## ASPIRE HEALTH PLUS (HMO-POS)

### **In-network:**

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay nothing.

Routine chiropractic visit (for up to 12 visits every year): You pay nothing.

### **Out-of-network\*:**

Manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay nothing.

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

Routine chiropractic care is not covered out of network.

Diabetes monitoring supplies: You pay nothing.

Diabetes self-management training: You pay nothing.

Therapeutic shoes or inserts: You pay nothing.

**In-network:** You pay nothing for diabetes monitoring supplies, diabetes self-management training, therapeutic shoes and inserts.

**Out-of-network\*:** You pay nothing for diabetes monitoring supplies, diabetes self-management training, therapeutic shoes and inserts.

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

You pay nothing.

Our plan covers the costs of Medicare-covered home health services.

**In-network:** You pay nothing.

**Out-of-network\*:** You pay nothing.

Our plan covers the costs of Medicare-covered home health services.

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

# Summary of Benefits (continued)

BENEFIT	ASPIRE HEALTH VALUE (HMO)
<p>Outpatient Substance Abuse<sup>1</sup></p>	<p>Group therapy visit: You pay \$35 co-pay.</p> <p>Individual therapy visit: You pay \$35 co-pay.</p>
<p>Prosthetic Devices (braces, artificial limbs, etc.)<sup>1</sup></p>	<p>Prosthetic devices: You pay 20% of the cost.</p> <p>Related medical supplies: You pay 20% of the cost.</p>
<p>Renal Dialysis<sup>1</sup></p>	<p>You pay nothing.</p>
<p>Hospice</p>	<p>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.</p>

# Summary of Benefits (continued)

## ASPIRE HEALTH ADVANTAGE (HMO)

Group therapy visit: You pay \$15 co-pay.

Individual therapy visit: You pay \$15 co-pay.

Prosthetic devices: You pay 20% of the cost.

Related medical supplies:  
You pay 15% of the cost.

You pay nothing.

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 PLUS (HMO-POS)

### **In-network:**

Group therapy visit: You pay nothing.

Individual therapy visit: You pay nothing.

### **Out-of-network\*:**

Group therapy visit: You pay nothing.

Individual therapy visit: You pay nothing.

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

**In-network:** You pay nothing.

**Out-of-network\*:** You pay nothing.

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

**In-network:** You pay nothing.

**Out-of-network\*:** You pay nothing.

\*Out-of-network coverage is restricted to Medicare-participating practitioners and Medicare-covered 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.

# Summary of Benefits (continued)

BENEFIT	ASPIRE HEALTH VALUE (HMO)																														
<b>OUTPATIENT PRESCRIPTION DRUGS</b>																															
<p>Prescription Drug Benefits<sup>1</sup></p>	<p><b>Initial Coverage</b></p> <p>You pay the full cost of drugs on tiers 2, 3, 4, and 5 until the yearly deductible of \$380 is met.</p> <p>Cost-Sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.</p> <p><b>STANDARD RETAIL COST-SHARING</b></p> <table border="1"> <thead> <tr> <th>Tier</th> <th>One-month supply</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$3 co-pay</td> <td>\$6 co-pay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$13 co-pay</td> <td>\$26 co-pay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$47 co-pay</td> <td>\$94 co-pay</td> </tr> <tr> <td>Tier 4 (Non-Preferred Brand)</td> <td>50% of the cost</td> <td>50% of the cost</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>25% of the cost</td> <td>25% of the cost</td> </tr> </tbody> </table> <p><b>STANDARD MAIL ORDER COST-SHARING</b></p> <table border="1"> <thead> <tr> <th>Tier</th> <th>Three-month supply</th> </tr> </thead> <tbody> <tr> <td>Tier 1 (Preferred Generic)</td> <td>\$6 co-pay</td> </tr> <tr> <td>Tier 2 (Generic)</td> <td>\$26 co-pay</td> </tr> <tr> <td>Tier 3 (Preferred Brand)</td> <td>\$94 co-pay</td> </tr> <tr> <td>Tier 4 (Non-Preferred Brand)</td> <td>50% of the cost</td> </tr> <tr> <td>Tier 5 (Specialty Tier)</td> <td>25% of the cost</td> </tr> </tbody> </table>	Tier	One-month supply	Three-month supply	Tier 1 (Preferred Generic)	\$3 co-pay	\$6 co-pay	Tier 2 (Generic)	\$13 co-pay	\$26 co-pay	Tier 3 (Preferred Brand)	\$47 co-pay	\$94 co-pay	Tier 4 (Non-Preferred Brand)	50% of the cost	50% of the cost	Tier 5 (Specialty Tier)	25% of the cost	25% of the cost	Tier	Three-month supply	Tier 1 (Preferred Generic)	\$6 co-pay	Tier 2 (Generic)	\$26 co-pay	Tier 3 (Preferred Brand)	\$94 co-pay	Tier 4 (Non-Preferred Brand)	50% of the cost	Tier 5 (Specialty Tier)	25% of the cost
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# Summary of Benefits (continued)

## ASPIRE HEALTH ADVANTAGE (HMO)

### Initial Coverage

You pay the full cost of drugs on tiers 3, 4, and 5 until the yearly deductible of \$150 is met.

Cost-Sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

#### STANDARD RETAIL COST-SHARING

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$2 co-pay	\$4 co-pay
Tier 2 (Generic)	\$8 co-pay	\$16 co-pay
Tier 3 (Preferred Brand)	\$45 co-pay	\$90 co-pay
Tier 4 (Non-Preferred Brand)	\$95 co-pay	\$190 co-pay
Tier 5 (Specialty Tier)	30% of the cost	30% of the cost

#### STANDARD MAIL ORDER COST-SHARING

Tier	Three-month supply
Tier 1 (Preferred Generic)	\$4 co-pay
Tier 2 (Generic)	\$16 co-pay
Tier 3 (Preferred Brand)	\$90 co-pay
Tier 4 (Non-Preferred Brand)	\$190 co-pay
Tier 5 (Specialty Tier)	30% of the cost

## ASPIRE HEALTH PLUS (HMO-POS)

### Initial Coverage

This plan does not have a yearly deductible.

Cost-Sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost-sharing and the phases of the benefit, please call us or access our Evidence of Coverage online.

#### STANDARD RETAIL COST-SHARING

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$0 co-pay	\$0 co-pay
Tier 2 (Generic)	\$8 co-pay	\$16 co-pay
Tier 3 (Preferred Brand)	\$42 co-pay	\$84 co-pay
Tier 4 (Non-Preferred Brand)	\$90 co-pay	\$180 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)	\$0 co-pay
Tier 2 (Generic)	\$16 co-pay
Tier 3 (Preferred Brand)	\$84 co-pay
Tier 4 (Non-Preferred Brand)	\$180 co-pay
Tier 5 (Specialty Tier)	33% of the cost

# Summary of Benefits (continued)

BENEFIT	ASPIRE HEALTH VALUE (HMO)
<b>OPTIONAL ENHANCED HEALTH BENEFITS (you must pay an extra premium each month for these benefits)</b>	
<p>How much is the monthly premium?</p>	<p>Additional \$35.00 per month. You must keep paying your Medicare Part B premium and your \$35.50 monthly plan premium.</p>
<p>Dental Benefits</p>	<p>You pay nothing for covered preventive dental services.</p> <p>You pay 20% co-insurance for each dental visit for comprehensive dental services except for oral/maxillofacial surgery.</p> <p>You pay 50% co-insurance for oral/maxillofacial surgery.</p> <p>Our plan pays up to \$1,000 every year.</p> <p>Preventive:</p> <ul style="list-style-type: none"> <li>• Up to 1 oral exam every six months</li> <li>• Up to 1 cleaning every six months</li> <li>• Up to 1 full mouth panoramic series X-ray once every 12 months and up to 1 bite wing series every 12 months</li> </ul> <p>Comprehensive:</p> <ul style="list-style-type: none"> <li>• Restorative services – 1 visit every 36 months</li> <li>• Prosthodontics, other oral/maxillofacial surgery – up to 2 visits every 24 months</li> <li>• Endodontics/periodontics/extractions – 1 visit every 24 months</li> </ul>

# Summary of Benefits (continued)

ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
<p>Additional \$31.00 per month. You must keep paying your Medicare Part B premium and your \$129.00 monthly plan premium.</p>	<p>Additional \$31.00 per month. You must keep paying your Medicare Part B premium and your \$247.00 monthly plan premium.</p>
<p>You pay 20% co-insurance for each dental visit for comprehensive dental services except for oral/maxillofacial surgery.</p> <p>You pay 50% co-insurance for oral/maxillofacial surgery.</p> <p>Our plan pays up to \$1,000 every year.</p> <ul style="list-style-type: none"> <li>• Restorative services – 1 visit every 36 months</li> <li>• Prosthodontics, other oral/maxillofacial surgery- up to 2 visits every 24 months</li> <li>• Endodontics/periodontics/extractions – 1 visit every 24 months</li> </ul>	<p>You pay 20% co-insurance for each dental visit for comprehensive dental services except for oral/maxillofacial surgery.</p> <p>You pay 50% co-insurance for oral/maxillofacial surgery.</p> <p>Our plan pays up to \$1,000 every year.</p> <ul style="list-style-type: none"> <li>• Restorative services – 1 visit every 36 months</li> <li>• Prosthodontics, other oral/maxillofacial surgery – up to 2 visits every 24 months</li> <li>• Endodontics/periodontics/extractions – 1 visit every 24 months</li> </ul>

# Summary of Benefits (continued)

BENEFIT	ASPIRE HEALTH VALUE (HMO)
Eyewear Benefit	<p>You pay \$10 co-pay for each routine eye exam.</p> <p>You pay one \$25 co-pay for eyewear materials: (frames, lenses, or contacts).</p> <ul style="list-style-type: none"><li>• One routine eye exam every 12 months from the last date of service. Coverage limit is \$460 in vision benefits every 12 months</li><li>• One pair of corrective lenses every 12 months</li><li>• One frame every 12 months up to a retail cost of \$150 total</li><li>• Contact lens allowance of \$150 total in lieu of frames and lenses</li><li>• \$120 allowance for progressive lenses</li><li>• \$85 allowance for polycarbonate lenses</li><li>• \$70 allowance for photochromic lenses</li><li>• \$35 allowance for anti-reflective coating</li><li>• Maximum plan benefit coverage amount is per 12 months from last date of service</li></ul>
Hearing exam & hearing aid benefit:	<p>You pay \$20 co-pay for exam.</p> <p>You pay \$599 co-pay for each TruHearing Advanced hearing aid.</p> <p>You pay \$899 co-pay for each TruHearing Premium hearing aid.</p> <ul style="list-style-type: none"><li>• Routine hearing exam once per year</li><li>• Up to 2 TruHearing flyte hearing aids per year, one per ear</li></ul> <p>You must see a TruHearing provider to use this benefit. Call (844) 208-2631 to schedule an appointment.</p>

# Summary of Benefits (continued)

## ASPIRE HEALTH ADVANTAGE (HMO)

You pay one \$25 co-pay for eyewear materials: (frames, lenses, or contacts).

- Additional \$188 in vision benefits every 12 months (for up to \$460 total).
- Additional \$50 allowance toward frames
- Additional \$33 allowance toward progressive lens coverage
- \$70 allowance for photochromic lenses
- \$35 allowance for anti-reflective coating
- Maximum plan benefit coverage amount is per 12 months from last date of service

## ASPIRE HEALTH PLUS (HMO-POS)

You pay nothing for eyewear materials: (frames, lenses, or contacts).

- Additional \$188 in vision benefits every 12 months (for up to \$460 total).
- Additional \$50 allowance toward frames
- Additional \$33 allowance toward progressive lens coverage
- \$70 allowance for photochromic lenses
- \$35 allowance for anti-reflective coating
- Maximum plan benefit coverage amount is per 12 months from last date of service

You pay \$20 co-pay for exam.

You pay \$599 co-pay for each TruHearing Advanced hearing aid.

You pay \$899 co-pay for each TruHearing Premium hearing aid.

- Routine hearing exam once per year
- Up to 2 TruHearing flyte hearing aids per year, one per ear

You must see a TruHearing provider to use this benefit. Call (844) 208-2631 to schedule an appointment.

You pay \$20 co-pay for exam.

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You must see a TruHearing provider to use this benefit. Call (844) 208-2631 to schedule an appointment.



# ASPIRE HEALTH PLAN

## Your Medicare Advantage.

All-in-one plans. Exceptional service. Great value.

The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the “Evidence of Coverage.” You can see the Evidence of Coverage at our website at [www.aspirehealthplan.org](http://www.aspirehealthplan.org).

To join Aspire Health Plan, you must be entitled to Medicare Part A, be enrolled in Medicare Part B, and live in our service area. Our service area is Monterey County, California.

Aspire Health Plan 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.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments and restrictions may apply. Benefits, premium and/or copayments/coinsurance 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. Other providers are available in our network.

For more information, please call us at the phone number below or visit us at [www.aspirehealthplan.org](http://www.aspirehealthplan.org).

Toll-free: 855-570-1600, TTY users should call 711. From October 1 to February 14, you can call us 7 days a week from 8 a.m.—8 p.m. PST. From February 15 to September 30, you can call us Monday through Friday from 8 a.m.—8 p.m. PST.

For 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.

This document is available in other formats such as large print.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call (855) 570-1600 (TTY users call 711) ATENCIÓN: Si habla español, los servicios de asistencia lingüística están a su disposición, de forma gratuita. Llame al 1- 855-570-1600 (TTY: 711).

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)