



Aspire Health Plan
Monthly Plan Premium for People who get Extra Help from Medicare
to Help Pay for their Prescription Drug Costs

If you get extra help from Medicare to help pay for your Medicare prescription drug plan costs, your monthly plan premium will be lower than what it would be if you did not get extra help from Medicare. The amount of extra help you get will determine your total monthly plan premium as a member of our Plan.

This table shows you what your monthly plan premium will be if you get extra help.

Your level of extra help	Monthly Premium for Aspire Health Value*	Monthly Premium for Aspire Health Advantage*	Monthly Premium for Aspire Health Plus*
100%	\$0	\$96.00	\$211.50
75%	\$8.90	\$104.20	\$220.40
50%	\$17.70	\$112.50	\$229.20
25%	\$26.60	\$120.70	\$238.10

*This does not include any Medicare Part B premium you may have to pay.

The Aspire Health Value (HMO), Aspire Health Advantage (HMO) and Aspire Health Plus (HMO-POS) premium includes coverage for both medical services and prescription drug coverage. If you choose to add the Enhanced Health Optional Supplemental Benefit Plan your monthly premium will be different than the amount listed above.

If you aren't getting extra help, you can see if you qualify by calling:

- 1-800-Medicare or TTY/TDD users call 1-877-486-2048 (24 hours a day/7 days a week),
- Your State Medicaid Office, or
- The Social Security Administration at 1-800-772-1213. TTY/TDD users should call 1-800-325-0778 between 7 a.m. and 7 p.m., Monday through Friday.

If you have any questions, please call Aspire Health Plan Member Service Department at toll free (855) 570-1600 or TTY users call 711. We are open 8:00am - 8:00pm PST Monday through Friday (except certain holidays) from February 15 through September 30 and 8:00am - 8:00pm PST seven days a week for the period of October 1 through February 14.

Sincerely,

Aspire Health Plan
Enrollment Department

Aspire Health Plan is an HMO plan sponsor with a Medicare contract. Enrollment in the 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 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. 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).