



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	\$94.20	\$214.20
75%	\$8.70	\$102.90	\$222.90
50%	\$17.40	\$111.60	\$231.60
25%	\$26.10	\$120.30	\$240.30

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

Aspire Health Plan premiums includes coverage for both medical services and prescription drug coverage. If you choose to add one of our Enhanced Benefit options 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 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 users should call 1-800-325-0775 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 8am - 8pm PT Monday through Friday (except certain holidays) from April 1st through September 30th and 8am - 8pm PT seven days a week for the period of October 1 through March 31.

Aspire Health Plan is a Medicare Advantage HMO plan sponsor with a Medicare contract. Enrollment in Aspire Health Plan depends on contract renewal. 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) 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)

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P.O. BOX 5490 SALEM, OR 97304 ■ (855) 570-1600 / 711 (TTY)