

Frequently Asked Questions

1. What does Medicare Include?

"Original" or "Traditional" Medicare, as it's typically called, includes Part A and Part B.

Medicare Part A is hospital insurance and helps cover:

- Inpatient hospital care
- Skilled nursing facility care
- Hospice care
- Home health services

Medicare Part B is medical insurance and helps cover:

- Services from doctors and other healthcare providers
 - Outpatient care
 - Durable medical equipment (DME)
 - Preventive services
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2. How does Medicare work?

Medicare beneficiaries usually don't pay a monthly premium for Medicare Part A (hospital insurance) coverage if either they or their spouse paid Medicare taxes while working. However, those who don't qualify for Part A at no cost can still buy Part A.

Medicare beneficiaries pay a monthly premium for Part B (medical insurance), which can vary, depending on income level. Often, the premium is deducted from the Social Security check. The typical Part B premium in 2014 was \$104.90.

You can contact Social Security for more information about Part A and Part B premiums.

There are deductibles and co-payments for Medicare Parts A and B. To learn more, check out our plan web site at www.aspirehealthplan.org or the Medicare website at www.medicare.gov.

3. What about prescription drugs?

For prescription drug coverage, you may join a standalone Prescription Drug Plan (PDP) or a Medicare Advantage – Part D (MAPD) plan such

as ours that includes Part D as part of a comprehensive plan.

In a standalone plan, participants pay a monthly premium for Part D coverage. But with Aspire Health Plan, your prescription drug coverage is included in one combined premium for MAPD coverage.

4. What is a Medicare Advantage plan?

Medicare Advantage plans are offered by private companies who have a contract with the Centers for Medicare and Medicaid Services (CMS) to cover all of your Medicare Part A and Part B benefits. Medicare Advantage plans are required to cover everything that Original Medicare covers and they typically cover more. Medicare Advantage Plans are referred to as Medicare Part C.

5. Why choose a Medicare Advantage plan instead of Original Medicare?

The big "Advantage" is that Medicare Advantage plans cover everything that Original Medicare covers, plus more. Many Medicare Advantage plans, ours included, cover Part D prescription drugs, transportation, wellness programs, chiropractic¹, vision¹, and dental¹. Plus, our plans do not have an annual medical or hospital deductible — you are covered from the start². Our low co-pays and co-insurance make your healthcare costs predictable and often save you substantial amounts of money when compared to Original Medicare. You could also save when compared to some alternatives such as Medicare Supplements (also called "Medigaps") and standalone Prescription Drug Plans.

6. What is a coordinated care plan?

A coordinated care plan provides the right care in the right place at the right time. We work

directly with members and their care providers (doctors, hospitals, pharmacies, and wellness centers) to keep our members healthier. Consider people who struggle to manage their diabetes and, as a result, sometimes end up in the emergency department with high or low blood sugar. We coordinate with the member's doctor to ensure that diabetes monitoring and education services are provided. In addition, we can assign members with high-risk diabetes their own care manager.

Through coordinated care, we can improve the health of our members.

To learn more, check out our plan web site.

7. Why choose our Medicare Advantage plan over a Medicare Supplement (Medigap) plan?

First, as a Medicare Advantage plan that includes prescription drug coverage, we're a one-stop-shop for all your healthcare needs.

We're NOT just an insurance company offering a Medicare Supplement insurance product. We're a coordinated care plan designed to maintain and/or improve the health of our members.

Second, we don't just "fill in the gaps" of what Medicare doesn't cover (deductibles and co-insurance). We administer all of your care — hospital, medical, and prescription drug coverage — through a coordinated team of healthcare providers.

Finally, Medicare Supplement premiums can vary widely and typically do not cover prescription drugs or other additional benefits such as dental, vision, hearing, or transportation. With a Medicare Advantage plan such as ours, premiums are generally lower and remain the same regardless of your age and health history, and we include dental¹, vision¹, chiropractic¹, transportation, and prescription drug coverage.

Our monthly premiums start as low as \$49.

8. Can I continue to see my doctor?

We partner with all four hospitals and more than 400 doctors in Monterey County. Our network of primary care physicians and specialists are accepting our Medicare Advantage plans. If your doctor is among them, you may continue to see him or her. If not, you may choose another doctor or stay with your current plan.

Find out if your provider is part of our network by checking out our Provider and Pharmacy Directory on our plan web site.

9. How is the HMO-POS plan different than the two HMO plans that are offered?

The HMO-POS plan we offer still requires that you select a primary care physician (PCP) in our network, and we strongly urge you to seek care in our network, where we can best coordinate your care. However, if you are traveling or choose to seek care outside of Monterey County you may still do so as long as you're in the United States or its territories.

We recommend you obtain authorization prior to seeking care out of Monterey County since you will be subject to paying a higher portion of the cost (generally 20% co-insurance) for out-of-area Medicare-covered medical services. This plan feature is great for individuals who travel or visit family for extended periods of time, but still want the peace of mind in having basic coverage of standard Medicare.

As is the case for ALL of our plans, any urgent or emergency care that arises within the U.S. or its territories is covered and you do not need to obtain authorization prior to seeking care. Your health and well-being are our primary concern.

10. What is a Medicare Advantage “Trial Right”?

The Medicare Advantage “Trial Right” is designed to take some of the pressure out of choosing between a Medigap policy and a Medicare Advantage Plan. This “Trial Right” allows you to apply for a Medigap policy on a guaranteed issue basis if you join a Medicare Advantage plan for the first time, and within the first year of joining, decide to return to Original Medicare and purchase a Medicare Supplement. There are some other circumstances by which you may qualify for a “Trial Right.” For more information please visit www.medicare.gov.

11. How do I sign up for the dental buy-up?

It’s easy. Please note that it will cost you an extra monthly premium.

For new enrollees signing up for one of our health plans for the first time, you will be able to elect the optional supplemental dental benefit at the same time you elect your health plan option.

If you don’t elect coverage at that time, you will have a short grace period in which you may still add the dental benefit but you must apply for the supplemental dental offering within 30 days of your health plan effective date. After the 30-day window has passed you will have to wait until the next annual election period to add the supplemental dental option.

If you are already a member of Aspire Health Plan, you will have the opportunity to add our supplemental dental plan to your existing health coverage during the next Annual Election Period (AEP).

Aspire Health Plan is an HMO and HMO-POS plan with a Medicare contract. Enrollment in Aspire Health Plan depends on contract renewal. The benefit information provided is a brief summary, not a complete description of benefits. For more information contact the plan. Limitations, co-payments, 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.

12. What if I sign up for the optional dental buy-up, and then decide I don’t want it?

No problem. You may drop your optional supplemental dental coverage at any time throughout the year and it will not affect your health plan coverage. If you choose to drop the supplemental dental benefit, you must provide a written request to the plan. Your optional supplemental dental benefit will end effective the first of the month following the month in which you notified the plan of your intent to disenroll from the optional dental buy-up.

13. What if I sign up for the optional dental buy-up and fail to make payments on the supplemental dental premium?

As long as you continue to pay your health plan premium and your Part B premium (to Medicare) you will remain enrolled in our health plan. However the plan may elect to cancel your supplemental dental plan for failure to pay supplemental dental premium. The plan will notify you and attempt to rectify the situation before it cancels your supplemental dental plan for failure to pay your supplemental dental premium.

References:

1. This benefit is not available on all plans. Please refer to the Summary of Benefits for more detail.
2. Aspire Health Advantage Value (HMO) and Aspire Health Advantage (HMO) have a brand & specialty drug (Tiers 3, 4, and 5) deductible on the prescription drug benefit. Please refer to the Summary of Benefits for more detail.