



# Aspire Health 2022 Medicare Plan Comparison Guide

**See what Medicare can do for you.**

<b>2022 Medicare Advantage Plans</b>	<b>Aspire Health Value (HMO)</b>	<b>Aspire Health Advantage (HMO)</b>	<b>Aspire Health Plus (HMO-POS)</b>
Monthly premium	\$52	\$139	\$269
Your maximum out-of-pocket	\$7,550 in-network	\$5,000 in-network	\$3,450 in and out of service area combined
Annual Part C deductible (except prescription drugs)	\$0	\$0	\$0
Out-of-service-area costs	N/A	N/A	20% co-insurance
<b>DOCTOR VISITS CO-PAY</b>	<b>In-network</b>	<b>In-network</b>	<b>In-network</b>
Primary care physician (PCP)	\$15	\$0	\$0
Specialty care physician	\$45	\$25	\$20
<b>INPATIENT CARE CO-PAY</b>			
Inpatient hospital (acute)	Days 1-6: \$335/day Days 7-90: \$0/day	Days 1-6: \$275/day Days 7-90: \$0/day	Days 1-5: \$250/day Days 6-90: \$0/day
Skilled Nursing Facility (SNF)	Days 1-20: \$0/day Days 21-100: \$184/day	Days 1-20: \$0/day Days 21-100: \$100/day	Days 1-20: \$20/day Days 21-100: \$50/day
<b>OUTPATIENT CARE CO-PAY</b>			
Outpatient hospital surgery/Ambulatory Surgical Center (ASC) services	\$300	\$275/\$60	\$200/\$40
<b>VIRTUAL CARE CO-PAY</b>			
Telehealth visits	\$0	\$0	\$0
<b>EMERGENCY SERVICES CO-PAY</b>			
Urgent care (waived if admitted within 24 hours)	\$45	\$25	\$0 in and out of service area
Emergency care (waived if admitted within 24 hours)	\$90	\$90	\$90 in and out of service area
Ambulance ground (waived if admitted within 24 hrs)	\$300	\$250	\$200 in and out of service area
<b>LAB SERVICES &amp; PREVENTIVE SERVICES CO-PAY</b>			
Lab services	\$20	\$10	\$0
Medicare-covered preventive services	\$0	\$0	\$0
<b>PRESCRIPTION DRUG COVERAGE</b>			
(see chart on back panel)	✓	✓	✓
<b>EXTRA BENEFITS BEYOND ORIGINAL MEDICARE</b>			
Transportation to appointments (available to in-network providers)	\$0 (6 one-way trips/year)	\$0 (12 one-way trips/year)	\$0 (12 one-way trips/year) In-network only
Silver&Fit® home fitness kits (2/year)	\$10	\$10	\$0
Silver&Fit® annual gym memberships, including Montage Wellness Center	\$50 annual member fee	\$25 annual member fee	\$0 annual member fee
Over-the-counter allowance	N/A	\$30/quarter	\$30/quarter
Preventive dental	N/A	Included	N/A
Routine chiropractic services	\$20 (4 visits/year)	\$10 (6 visits/year)	\$0 (12 visits/year)
Routine acupuncture	\$20 (4 visits/year)	\$10 (6 visits/year)	\$0 (12 visits/year)

## Add optional plans to increase your coverage.

Medicare-covered diagnostic vision and hearing exams are included with all plans, but you may want even more coverage. That's why we offer these additional plan options.

### OPTION A – Value & Plus Plan Additional \$44.90 monthly premium

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#### DENTAL COVERAGE

(Delta Dental™ — \$1,000 max./year)

Preventive	\$0
Comprehensive	20%–50% co-insurance

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#### VISION COVERAGE (MESVision®)

Yearly routine eye exam	\$10 co-pay
Eyewear (\$460 coverage limit)	\$25 co-pay

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### OPTION B – Value & Plus Plan Additional \$49.90 monthly premium

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#### DENTAL COVERAGE

(Delta Dental™ — \$1,000 max./year)

Preventive	\$0
Comprehensive	20%–50% co-insurance

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#### VISION COVERAGE (MESVision®)

Yearly routine eye exam	\$10 co-pay
Eyewear (\$460 coverage limit)	\$25 co-pay

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#### HEARING COVERAGE (TruHearing™)

Yearly routine hearing exam	\$20 co-pay
Hearing aids (per hearing aid)	\$599 or \$899

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#### TRANSPORTATION (to in-network appointments)

Additional 10 one-way rides	\$0
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#### HOME-DELIVERED MEALS

Offered through Mom's Meals \$0  
NourishCare®. Available following hospital stay or surgery or for certain chronic conditions. 14 meals customized to the member's preference.

### OPTION C – Advantage Plan Additional \$43.00 monthly premium

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#### DENTAL COVERAGE

(Delta Dental™ — \$1,000 max./year)

Comprehensive	20%–50% co-insurance
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#### VISION COVERAGE (MESVision®)

Yearly routine eye exam	\$10 co-pay
Eyewear (\$460 coverage limit)	\$25 co-pay

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#### HEARING COVERAGE (TruHearing™)

Yearly routine hearing exam	\$20 co-pay
Hearing aids (per hearing aid)	\$599 or \$899

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#### TRANSPORTATION (to in-network appointments)

Additional 10 one-way rides	\$0
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#### HOME-DELIVERED MEALS

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NourishCare®. Available following hospital stay or surgery or for certain chronic conditions. 14 meals customized to the member's preference.



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# Enjoy a full range of money-saving benefits from the only Medicare Advantage plans in Monterey County.

## We are a trusted Medicare company.

Aspire Health is a local nonprofit Medicare Advantage plan backed by Montage Health and Salinas Valley Memorial Healthcare System, two of the most well-regarded healthcare organizations in the area. We work with local hospitals, local doctors, and local healthcare providers to deliver a truly personal Medicare experience.



“I just thought Medicare was Medicare. I had no idea how much more I could get with a Medicare Advantage plan.”

— **Sammy, Value Plan member since 2019**



“The advisors at Aspire really helped us figure out which plan was the best for us. You can tell they really care.”

— **Timothy, Value Plan member since 2019**

“Not only does Aspire worry about my health, but I also know they care about me as a person.”

— **Fidel M. Soto, Value Plan member since 2018**



“They really go above and beyond to not only help me get the best value, but to help keep me healthy.”

— **Carmen, Value Plan member since 2018**



**To learn more about Aspire Health, visit [www.aspirehealthplan.org](http://www.aspirehealthplan.org) or call (877) 273-3947 (TTY: 711).**

## Prescription Drug Coverage Co-pay.\* \*\*

	Aspire Health Value (HMO)	Aspire Health Advantage (HMO)	Aspire Health Plus (HMO-POS)
Deductible	<b>\$480</b> (Tiers 3, 4, 5, 6)	<b>\$150</b> (Tiers 3, 4, 5)	<b>\$0</b>
Tier 1: Preferred generic	<b>\$9</b>	<b>\$4</b>	<b>\$0</b>
Tier 2: Generic	<b>\$18</b>	<b>\$8</b>	<b>\$10</b>
Tier 3: Preferred brand	<b>\$47</b>	<b>\$45</b>	<b>\$42</b>
Tier 4: Non-preferred drug	<b>\$100</b>	<b>\$95</b>	<b>\$90</b>
Tier 5: Specialty-tier***	<b>25% co-insurance</b>	<b>30% co-insurance</b>	<b>33% co-insurance</b>
Tier 6: Select insulins	<b>\$11</b>	<b>\$11</b>	<b>\$11</b>

\*30-day retail co-pays.

\*\*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 \$4,430 in 2022, you will pay the amount(s) listed.

\*\*\*Not available through mail-order.



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**[www.aspirehealthplan.org](http://www.aspirehealthplan.org)**

**(877) 273-3947 (TTY: 711)**

8 a.m.–8 p.m., Monday–Friday from April 1–September 30,  
and 8 a.m.–8 p.m., 7 days a week from October 1–March 31  
(except certain holidays).

Aspire Health Plan is a Medicare Advantage HMO plan sponsor with a Medicare contract. Enrollment in Aspire Health Plan depends on contract renewal. Other providers are available in our network. Out-of-network/non-contracted providers are under no obligation to treat Aspire Health Plan members, except in emergency situations. Please call our customer service number or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.