Simplify your life.
Maximize your whole health.

Learn the value of our all-in-one Medicare Advantage plans that focus on you.

Karen
Aspire Health Plan member

2020 ALL-IN-ONE
Medicare Advantage decision guide

Aspire Health Value (HMO) | Aspire Health Advantage (HMO) | Aspire Health Plus (HMO-POS)
Dear Neighbor,

Welcome to Aspire Health Plan. Our Medicare Advantage/Prescription Drug plans were created by leading doctors and hospitals in Monterey County, who joined together to provide better healthcare options for those eligible for Medicare. Each plan is designed to help simplify your life and keep you healthy. We serve thousands of members in Monterey County, and we are grateful for the trust and support from the community.

As a non-profit, Aspire is not driven by making profits
We focus on improving lives — we consider you our neighbor, not a number. Our all-in-one plans provide personalized attention that helps you get the care you need, all with one card. And you get more benefits than Original Medicare alone.

Fair pricing regardless of age or health status
All of our members pay the same monthly premium for the plan they choose. Even pre-existing conditions won’t affect your cost — most Medicare supplement plans can’t offer that.

You also have a choice of 3 options
- **Aspire Health Value** and **Aspire Health Advantage** are two comprehensive HMO plans featuring our vast provider network, plus urgent or emergency care nationwide and many extra benefits beyond Original Medicare
- **Aspire Health Plus** is our HMO-POS plan that lets you get routine care in or outside of Monterey County, including urgent or emergency care nationwide and many extra benefits beyond Original Medicare

Everything you need to get started is right here
You’ll find basic Medicare information, plan information, more details about our organization, and your enrollment form. Thank you for considering Aspire Health Plan. We look forward to becoming your partner in health.

Sincerely,

Scott Kelly
Chief Operating Officer, Aspire Health Plan
# Table of contents

**Welcome to Aspire** ................................................................. 2
Understanding Medicare .......................................................... 4
FAQs (Frequently Asked Questions) .......................................... 5
Find a plan that fits your life .................................................... 8
Benefit highlights ................................................................. 9
Enhanced Benefits ................................................................. 10

**Summary of Benefits** .......................................................... 11
  - Aspire Health Value (HMO)
  - Aspire Health Advantage (HMO)
  - Aspire Health Plus (HMO-POS)
Pre-enrollment checklist .................................................... 43

**Enrollment instructions and forms** .................................... 44
Scope of appointment .......................................................... 57
Plan star ratings ................................................................. 59
Multi-language interpreter services ....................................... 60
Non-discrimination communication and grievance procedures ................................................................. 61

**What’s next?** ........................................................................ 62
Important phone numbers .................................................... 63

If you have any questions or would like to speak to an Aspire Health Plan Advisor, please call us toll-free at (888) 864-4611 (TTY: 711).

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Aspire has given me the chance for better health, and gives me more time to spend with the grandchildren — and that is priceless.

Barbara, Aspire Health Plan member
Our whole-health approach to care

You expect your Medicare health plan to do more than just provide medical care. At Aspire, we think your health plan should enhance your life — not get in the way. So we look at your health in total. From head to toe. With benefits and services that go beyond Original Medicare. And we empower you to get healthy and stay healthy.

In creating Aspire Health Plan, Monterey County’s top-rated healthcare systems and doctors joined together

The goal was to create Medicare coverage that supports your well-being with the kind of care and expertise you value and trust. As a result, we closely collaborate with the following organizations:

- Community Hospital of the Monterey Peninsula
- Salinas Valley Memorial Healthcare System
- Monterey Bay Independent Physician Association

This means our vast provider network includes more than 700 respected local providers. (Chances are, your doctor is already part of our network.)

And we’re very familiar with the local pharmacies, wellness centers, disease management programs, and medical professionals who will be providing the majority of your medical care.
We advocate for your good health

As an Aspire member, you’ll have an advocate who will coordinate your care from paperwork to prevention to procedures. You’ll have an entire team connecting the dots so you don’t have to. This is the kind of personalized care that delivers great peace of mind when you need it.

Keeping it simple

You know how complicated Original Medicare can be. So we made it as simple and as convenient as possible.

We’ve designed plans that give you:

- Benefits that go **beyond** Original Medicare
- Medical, hospital, and prescription drug coverage — all through **one card**, for one monthly premium. No separate cards or bills — no hassle
- Coverage for urgent and emergency care **nationwide**
- **Additional valuable benefits** like fitness, transportation, acupuncture, and chiropractic

An affordable Medicare health plan you can feel good about

The quality of your care shouldn’t depend on the size of your bank account. All Aspire members pay the same monthly premium for their chosen plan regardless of age or health status.
The A, B, C, and D of Medicare

Understanding the basic details of Medicare will increase your confidence and help you make an informed choice.

<table>
<thead>
<tr>
<th>PART A</th>
<th>PART B</th>
<th>PART C</th>
<th>PART D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital insurance</td>
<td>Medical insurance</td>
<td>Medicare Advantage</td>
<td>Medicare Rx drug coverage</td>
</tr>
<tr>
<td>■ Hospital inpatient</td>
<td>■ Medical insurance</td>
<td>■ Part A</td>
<td>■ Addition to Original Medicare</td>
</tr>
<tr>
<td>■ Home healthcare</td>
<td>■ Doctor’s visits</td>
<td>■ Part B</td>
<td>■ Often included in Part C plans</td>
</tr>
<tr>
<td>■ Hospice care</td>
<td>■ Preventive care</td>
<td>■ Often Part D</td>
<td>■ Must be entitled to Part A and/or enrolled in Part B</td>
</tr>
<tr>
<td>■ Skilled Nursing Facility (SNF)</td>
<td>■ Outpatient care</td>
<td>■ Benefits not generally offered by Original Medicare</td>
<td></td>
</tr>
<tr>
<td>■ Medical insurance</td>
<td>■ Clinical lab services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Outpatient care</td>
<td>■ Durable Medical Equipment (DME)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Clinical lab services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>■ Durable Medical Equipment (DME)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Medicare glossary of terms

**Original Medicare**: You must be entitled to Part A and enrolled in Part B. Medicare provides coverage for hospital and medical care under specified rules. You can choose any doctor or hospital that accepts Medicare, without a referral. You can also choose to add Part D prescription coverage.

**Medicare Part A**: Medicare Part A covers medically necessary inpatient hospital care. It also helps cover home healthcare, skilled nursing facilities, and hospice care. Most people are entitled to Part A through the taxes they paid while employed, and they do not have to pay a premium. You are responsible for any co-insurance and deductibles for Part A services.

**Medicare Part B**: This is the part of Medicare that covers doctor visits and outpatient care. It helps pay for some preventive health services that help you maintain your health and manage certain chronic illnesses. You have to sign up and pay a monthly premium for Part B services. Like Part A, you are responsible for any co-insurance and deductibles for Part B services.

Took together, parts A and B constitute Original or traditional Medicare and cover much of what you might need.

**Medicare Advantage plan**: Referred to as “Part C” coverage, this option combines your Part A and Part B coverage, and is administered through private companies, like Aspire Health Plan. The benefits offered in these plans vary widely, but generally they include benefits that are not offered with Original Medicare. In most cases, Part D coverage is included with or can be added to the plan. Co-insurance and co-pays are usually lower in a Medicare Advantage plan than in Original Medicare.

**Medicare supplement plan**: Often called “Medigap,” this plan helps pay some of the healthcare costs that Original Medicare plan doesn’t cover. Private companies approved by the government offer and administer these programs. There are monthly premiums as well as restrictions associated with these plans.

**Medicare Part D plan**: If you’re enrolled in Original Medicare or a supplement plan, you can get prescription drug benefits through a stand-alone Medicare prescription drug plan (PDP) that works alongside your Medicare Part A and/or Part B coverage. Or, if you have Medicare Part C, you can get prescription drug coverage through a Medicare Advantage Prescription Drug (MAPD) plan that covers your Part A, Part B, and Part D.
# Frequently Asked Questions

## What does Medicare include?

Original or traditional Medicare includes Part A and Part B.

**Medicare Part A** is hospital insurance and helps cover:
- Inpatient hospital care
- Skilled nursing facility (SNF) 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

## How does Medicare work?

Original 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.

Part B (medical insurance) does require that Medicare beneficiaries pay a monthly premium. This amount can vary, depending on income level, and is often deducted from your Social Security check.

You can contact Social Security for more information about your specific Part A and Part B premiums. There are deductibles and co-payments for Medicare Parts A and B.

## What about prescription drugs?

For prescription drug coverage, you may join a stand-alone Prescription Drug Plan (PDP) or a Medicare Advantage Part C (MAPD) plan such as Aspire Health Plan that includes Part D.

In a stand-alone 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 — it’s all-in-one.

## Why choose a Medicare Advantage plan instead of Original Medicare?

One third of Medicare beneficiaries are on Medicare Advantage plans. Medicare Advantage plans cover everything that Original Medicare covers, plus more. Many Medicare Advantage plans, including Aspire Health Plan, cover Part D prescription drugs, transportation, acupuncture, and chiropractic. What’s more, our plans do not have an annual medical or hospital deductible — so you are covered from the start. 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.
## Frequently Asked Questions

### What is a coordinated care plan?

A coordinated care plan provides the right care in the right place at the right time. Aspire works 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 to their own care manager, who can assist and guide them.

### Why choose our Aspire Health Plan over a Medicare supplement (Medigap) plan?

Insurance companies offer Medicare Supplement insurance. Aspire Medicare Advantage, however, is more than that.

- Our plans include prescription drug coverage, making them a one-stop shop for all your healthcare needs, so you get an all-in-one plan with just one card
- Aspire is a coordinated care plan designed by leading local doctors and medical specialists to maintain and/or improve the health of our members. It’s a community plan just for you
- We don’t just fill in the gaps of what Medicare doesn’t cover, like deductibles and co-insurance. Instead, our coordinated team of healthcare providers administers all of your care including hospital, medical, and prescription drug coverage

Finally, Medicare supplement premiums can vary widely and typically do not cover prescription drugs or other additional benefits, such as transportation, gym membership, chiropractic, and acupuncture. With a Medicare Advantage plan such as ours, premiums are generally lower and remain the same regardless of your age and health history.

### How is Aspire’s HMO-POS plan different from the two HMO plans that Aspire offers?

All of our Medicare Advantage plans use an HMO network of doctors, specialists, hospitals, and other medical service providers. With any Aspire Health plan, you will first select a network primary care provider (PCP) here in Monterey County, who will help coordinate your care.

All of our plans provide nationwide coverage for urgent and emergent care situations, so don’t worry about emergencies or sudden illnesses that may arise when traveling. You are covered the same way you are in-network — anywhere in the country.

In our two HMO plans (Advantage and Value), when receiving non-urgent or non-emergent care, you must use the providers who are in our network in Monterey County.

When using our HMO Point of Service (POS) Plan (Plus Plan) in Monterey County, you must access the network of providers for your healthcare services. If you use providers who are in Monterey County but not in the plan’s network, you are fully responsible for the cost of those services. When you are outside of Monterey County and anywhere in the U.S. or its territories, the plan’s Point of Service component provides coverage for you to access Medicare-participating providers and Medicare-covered services, the same way you are covered in-network.
<table>
<thead>
<tr>
<th><strong>Can I continue to see my doctor?</strong></th>
<th>Aspire partners with all four hospitals and more than 700 doctors and providers in Monterey County. Our network of primary care doctors and specialists accepts our Medicare Advantage plans. If your doctor is among the list of providers, you may continue to see him or her. If not, you will need to choose another doctor. Find out if your doctor is part of our network by checking out our Provider and Pharmacy Directory at <a href="http://www.aspirehealthplan.org">www.aspirehealthplan.org</a>.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is a Medicare Advantage “trial right?”</strong></td>
<td>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. You may qualify for a “trial right” under other circumstances. For more information, please visit <a href="http://www.medicare.gov">www.medicare.gov</a>.</td>
</tr>
<tr>
<td><strong>How do I sign up for the optional Enhanced Benefits?</strong></td>
<td>It’s easy. But please note that it will cost you an extra monthly premium. If you’re signing up for one of our health plans for the first time, you can elect the Enhanced Benefits option at the same time you choose your health plan. If you don’t elect coverage at that time, you will have a short grace period in which you may still add the Enhanced Benefits, but you must apply for them within 90 days of your health plan effective date. After the 90-day window has passed, you will have to wait until the next Annual Election Period (AEP) to add them.</td>
</tr>
<tr>
<td><strong>What if I sign up for the Enhanced Benefits and then decide I don’t want them?</strong></td>
<td>No problem. You may drop your Enhanced Benefits coverage at any time throughout the year, and it will not affect your health plan coverage. If you choose to drop the coverage, you must provide a written request to the plan. Your Enhanced Benefits will end effective the first of the month following the month in which you notified the plan of your intent to disenroll.</td>
</tr>
</tbody>
</table>
Find a plan that fits your life

Which Aspire Medicare Advantage plan is right for you and your budget?

When it comes to healthcare coverage, we understand that one size does not fit all. Aspire offers three different Medicare Advantage plans with benefits, costs, programs, and services that provide you with the levels of affordability, coverage, and added programs you want and need.

Aspire Health Value (HMO) plan

If you’re generally pretty healthy and don’t want to spend a lot on monthly premiums, then our Value plan may be just the thing for you. You’ll still enjoy comprehensive coverage for a low monthly premium, including urgent and emergency care nationwide. The Value Plan even includes a monthly gym membership to keep you healthy.

Aspire Health Advantage (HMO) plan

If you need comprehensive coverage that includes low co-pays for doctor visits and hospital stays, and prefer to have an all-in-one plan instead of supplemental coverage, then you might prefer our Health Advantage plan. It has just the right mix of coverage with an affordable monthly premium, extras like chiropractic, acupuncture, transportation, and a gym membership. Plus, you are always covered for urgent and emergency care nationwide.

Aspire Health Plus (HMO-POS) plan

If you want to be covered for routine care nationwide with a $0 co-pay, then our Plus plan may be a great fit for your lifestyle.

With one monthly premium, you’ll have a $0 co-pay for most healthcare needs including:
- $0 for doctor and specialist office visits
- $0 for hospitalization
- $0 for tier 1 prescription drugs
- $0 for routine acupuncture and chiropractic visits
- $0 for transportation to medical appointments
- $25 annual member fee for gym membership
And much more.

I compared my options and really felt that Aspire gave me the most personalized care for the best value.

Bruce
Aspire Health Plan member
### Health plan benefit highlights:

<table>
<thead>
<tr>
<th>Health plan benefit highlights:</th>
<th>Aspire Health VALUE (HMO)</th>
<th>Aspire Health ADVANTAGE (HMO)</th>
<th>Aspire Health PLUS (HMO-POS)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly premium</td>
<td>$32</td>
<td>$134</td>
<td>$254</td>
</tr>
<tr>
<td>Annual out-of-pocket maximum*</td>
<td>$6,700</td>
<td>$5,000</td>
<td>$0</td>
</tr>
<tr>
<td>Annual deductible</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Doctor office visit</td>
<td>$12 co-pay</td>
<td>$6 co-pay</td>
<td>$0</td>
</tr>
<tr>
<td>Specialist office visit</td>
<td>$35 co-pay</td>
<td>$16 co-pay</td>
<td>$0</td>
</tr>
<tr>
<td>Telehealth</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Inpatient hospital care</td>
<td>Days 1-6: $300/day</td>
<td>Days 1-6: $250/day</td>
<td>Days 1-6: $0</td>
</tr>
<tr>
<td></td>
<td>Days 7-90: $0</td>
<td>Days 7-90: $0</td>
<td>Days 7-90: $0</td>
</tr>
<tr>
<td>Skilled Nursing Facility (SNF)</td>
<td>Days 1-20: $0</td>
<td>Days 1-20: $0</td>
<td>Days 1-20: $0</td>
</tr>
<tr>
<td></td>
<td>Days 21-100: $165/day</td>
<td>Days 21-100: $100/day</td>
<td>Days 21-100: $0</td>
</tr>
<tr>
<td>Ambulance</td>
<td>$275 co-pay</td>
<td>$250 co-pay</td>
<td>$0</td>
</tr>
<tr>
<td>Emergency care</td>
<td>$90 co-pay</td>
<td>$90 co-pay</td>
<td>$0</td>
</tr>
<tr>
<td>Urgent care</td>
<td>$45 co-pay</td>
<td>$40 co-pay</td>
<td>$0</td>
</tr>
<tr>
<td>Outpatient hospital surgery</td>
<td>$300 co-pay</td>
<td>$275 co-pay</td>
<td>$0</td>
</tr>
<tr>
<td>Diagnostic tests/labs and X-rays</td>
<td>$20 co-pay</td>
<td>$10 co-pay</td>
<td>$0</td>
</tr>
<tr>
<td>Preventive services</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Out-of-area coverage — urgent/emergency care</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Routine chiropractic</td>
<td>$20 co-pay (4 visits/yr)</td>
<td>$10 co-pay (6 visits/yr)</td>
<td>$0 (12 visits/yr)</td>
</tr>
<tr>
<td>Routine acupuncture</td>
<td>$20 co-pay (4 visits/yr)</td>
<td>$10 co-pay (6 visits/yr)</td>
<td>$0 (12 visits/yr)</td>
</tr>
<tr>
<td>Transportation to appointments</td>
<td>$0 (4 one-way trips/yr)</td>
<td>$0 (12 one-way trips/yr)</td>
<td>$0 (12 one-way trips/yr)</td>
</tr>
<tr>
<td>Silver&amp;Fit® fitness program</td>
<td>$50 annual member fee</td>
<td>$25 annual member fee</td>
<td>$25 annual member fee</td>
</tr>
<tr>
<td>Prescription drug coverage</td>
<td>Deductible: $435</td>
<td>Deductible: $150</td>
<td>Deductible: $0</td>
</tr>
<tr>
<td></td>
<td>Tiers 2, 3, 4, 5, 6</td>
<td>Tiers 3, 4, 5, 6</td>
<td>Tiers 1, 2</td>
</tr>
<tr>
<td></td>
<td>Tier 1: $7 co-pay</td>
<td>Tier 1: $4 co-pay</td>
<td>Tier 1: $0</td>
</tr>
<tr>
<td></td>
<td>Tier 2: $14 co-pay</td>
<td>Tier 2: $8 co-pay</td>
<td>Tier 2: $10 co-pay</td>
</tr>
<tr>
<td></td>
<td>Tier 3: $47 co-pay</td>
<td>Tier 3: $45 co-pay</td>
<td>Tier 3: $12 co-pay</td>
</tr>
<tr>
<td></td>
<td>Tier 4: $100 co-pay</td>
<td>Tier 4: $95 co-pay</td>
<td>Tier 4: $42 co-pay</td>
</tr>
<tr>
<td></td>
<td>Tier 5: 25% co-insurance</td>
<td>Tier 5: 30% co-insurance</td>
<td>Tier 5: $90 co-pay</td>
</tr>
<tr>
<td></td>
<td>Tier 6: $11 co-pay</td>
<td>Tier 6: $11 co-pay</td>
<td>Tier 5: 33% co-insurance</td>
</tr>
<tr>
<td></td>
<td>Gap coverage: n/a</td>
<td>Gap coverage: Tiers 1, 2</td>
<td>Tier 6: $0</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Gap coverage: Tiers 1, 2</td>
</tr>
</tbody>
</table>

*The most you will pay in a year for medical care (Parts A & B services) covered by the plan.

Questions? Call (888) 864-4611 (TTY: 711)
## Enhanced Benefits

All our plans allow you to add Enhanced Benefits to your healthcare package.

Aspire Health Plan provides comprehensive medical and pharmacy benefits, including preventive care and screenings for all our Medicare Advantage Prescription Drug (MAPD) plans. But if you’re looking for the advantage of dental, vision, hearing, additional transportation, and meal coverage to add to your Aspire Health Plan, consider adding one of our Enhanced Benefits packages. You will have a ninety (90) day grace period from your MAPD enrollment effective date to add the Enhanced Benefits. After the grace period ends, you may not elect the Enhanced Benefits until the next annual enrollment period.

### Enhanced Benefits — Option A

$44.90 in additional premium per month if you choose to enroll in this optional coverage.

This optional supplemental benefit includes dental and vision coverage:

- **Dental coverage is through Delta Dental™ Medicare Advantage Network for Aspire Health Plan in Monterey County, CA and includes:**
  - Preventive co-pay: $0
  - Comprehensive co-insurance: 20% – 50%
  - Plan pays up to $1,000 every year

- **Vision coverage is through MESVision® and includes:**
  - Yearly routine eye exam: $10 co-pay
  - Eyewear: $25 co-pay. Coverage limit is $460

### Enhanced Benefits — Option B

$49.90 in additional premium per month if you choose to enroll in this optional coverage.

This optional supplemental benefit includes dental, vision, hearing, additional transportation, post-discharge home-delivered meals:

- **Dental coverage is through Delta Dental™ Medicare Advantage Network for Aspire Health Plan in Monterey County, CA and includes:**
  - Preventive co-pay: $0
  - Comprehensive co-insurance: 20% – 50%
  - Plan pays up to $1,000 every year

- **Vision coverage is through MESVision® and includes:**
  - Yearly routine eye exam: $10 co-pay
  - Eyewear: $25 co-pay. Coverage limit is $460

- **Hearing coverage is through TruHearing™ and includes:**
  - Yearly routine hearing exam: $20 co-pay
  - Hearing aids: $599 or $899 / hearing aid

- **Transportation includes:**
  - Additional 10 one-way rides to in-network appointments: $0

- **Post-discharge home-delivered meals is through Mom’s Meals NourishCare® and includes:**
  - 14 refrigerated meals, 2 meals per day for 7 days, customized to the member’s preference: $0
  - Meal benefit must be requested within 14 days of an inpatient hospital or skilled nursing facility stay

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For more information, please refer to the Summary of Benefits starting on page 11.
2020 Summary of Benefits
January 1–December 31

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

in collaboration with

Questions? Call (888) 864-4611 (TTY: 711)
## Summary of Benefits

<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>ASPIRE HEALTH VALUE (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Monthly Plan Premium</strong></td>
<td>$32.00 monthly plan premium in addition to your monthly Part B premium.</td>
</tr>
<tr>
<td><strong>Medical Services Deductible</strong></td>
<td>This plan does not have a deductible.</td>
</tr>
</tbody>
</table>
| **Maximum Out-of-Pocket Responsibility (does not include prescription drugs)** | $6,700 annually.  
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.  
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. |
| **Inpatient Hospital Coverage**¹ | Our plan covers 90 days for an inpatient hospital stay.  
You pay $300 co-pay per day for days 1 through 6.  
You pay nothing per day for days 7 through 90.  
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. |

Note: Services with a ¹ may require prior authorization.
<table>
<thead>
<tr>
<th>ASPIRE HEALTH ADVANTAGE (HMO)</th>
<th>ASPIRE HEALTH PLUS (HMO-POS)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PAY FOR COVERED SERVICES</strong></td>
<td><strong>PAY FOR COVERED SERVICES</strong></td>
</tr>
<tr>
<td>$134.00 monthly plan premium in addition to your monthly Part B premium.</td>
<td>$254.00 monthly plan premium in addition to your monthly Part B premium.</td>
</tr>
<tr>
<td>This plan does not have a deductible.</td>
<td>This plan does not have a deductible.</td>
</tr>
<tr>
<td>$5,000 annually.</td>
<td>$0 annually.</td>
</tr>
<tr>
<td>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.</td>
<td>The most you pay for co-pays, co-insurance and other costs for all covered medical services for the year.</td>
</tr>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
<tr>
<td>Our plan covers 90 days for an inpatient hospital stay.</td>
<td>Our plan covers 90 days for an inpatient hospital stay.</td>
</tr>
<tr>
<td>You pay $250 co-pay per day for days 1 through 6.</td>
<td><strong>In-network</strong>: You pay nothing for days 1-90.</td>
</tr>
<tr>
<td>You pay nothing per day for days 7 through 90.</td>
<td><strong>Out-of-network</strong>*: You pay nothing for days 1-90.</td>
</tr>
<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>

*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.
**BENEFIT**

**Outpatient Hospital Coverage**

Outpatient hospital: You pay $300 co-pay or 20% of the cost, depending on the service.

Ambulatory surgical center or outpatient surgery: You pay $300 co-pay per date of service.

Diagnostic colonoscopy and endoscopy surgical procedures: You pay $300 co-pay per date of service.

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

---

**Doctor Visits**

- **Primary Care**
  Primary care visit: You pay $12 co-pay per visit.

- **Specialists**
  Specialist visit: You pay $35 co-pay per visit.
### Outpatient Hospital Services

- **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 $16 co-pay per date of service.

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

### In-network

- **Primary care visit**: You pay $6 co-pay per visit.

- **Specialist visit**: You pay $16 co-pay per visit.

### 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.

### In-network:

- **Primary care visit**: You pay nothing per visit.

- **Specialist visit**: You pay nothing per visit.

### 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.
Preventive Care

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

Emergency Care

You pay $90 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.
**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

You pay $90 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.

**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.

**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.
### Urgently Needed Services

You pay $45 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.

### Diagnostic Services/Labs/Imaging

1. **Diagnostic radiology service**
   - General diagnostic radiology services:
     - You pay $60 co-pay per service.

2. **Therapeutic radiology service**
   - Therapeutic radiology services (such as radiation treatment for cancer):
     - You pay $60 co-pay per service.

3. **Lab services**
   - Lab services: You pay $20 co-pay per service.

4. **Diagnostic tests and procedures**
   - Diagnostic tests and procedures:
     - You pay $20 co-pay per service.

5. **Outpatient x-rays**
   - Outpatient X-rays: You pay $20 co-pay per X-ray.

### Hearing Services

1. **Hearing exam**
   - You pay $35 co-pay for each Medicare-covered diagnostic hearing exam.

Additional hearing services are available in the Enhanced Benefits – Option B for an additional premium of $49.90 per month. Please refer to the Optional Benefit section for more details.
### 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.

<table>
<thead>
<tr>
<th>Complex diagnostic radiology services (such as CT, PET, MRI, MRA, Nuclear Medicine, Angiography):</th>
<th>You pay $100 co-pay per service.</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Diagnostic radiology services:</td>
<td>You pay $30 co-pay per service.</td>
</tr>
<tr>
<td>Therapeutic radiology services (such as radiation treatment for cancer):</td>
<td>You pay $30 co-pay per service.</td>
</tr>
<tr>
<td>Lab services:</td>
<td>You pay $10 co-pay per service.</td>
</tr>
<tr>
<td>Diagnostic tests and procedures:</td>
<td>You pay $10 co-pay per service.</td>
</tr>
<tr>
<td>Outpatient X-rays:</td>
<td>You pay $10 co-pay per X-ray.</td>
</tr>
</tbody>
</table>

You pay $16 co-pay for each Medicare-covered diagnostic hearing exam.

Additional hearing services are available in the Enhanced Benefits – Option B for an additional premium of $49.90 per month. Please refer to the Optional Benefit section for more details.

### 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.

<table>
<thead>
<tr>
<th>In-network: You pay nothing for each service.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Out-of-network*: You pay nothing for each service.</td>
</tr>
</tbody>
</table>

*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.

Additional hearing services are available in the Enhanced Benefits – Option B for an additional premium of $49.90 per month. Please refer to the Optional Benefit section for more details.
BENEFIT

Dental Services

Dental coverage is limited to services covered by Medicare under Medicare Part A hospital and Medicare Part B medical benefits.

Additional dental services are available in the Enhanced Benefits options for an additional premium of $44.90 or $49.90 per month. Please refer to the Optional Benefit section for more details.

Vision Services

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening): You pay $35 co-pay.

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

Additional vision services are available in the Enhanced Benefits options for an additional premium of $44.90 or $49.90 per month. Please refer to the Optional Benefit section for more details.
### ASPIRE HEALTH ADVANTAGE (HMO)

Dental coverage is limited to services covered by Medicare under Medicare Part A hospital and Medicare Part B medical benefits.

Additional dental services are available in the Enhanced Benefits options for an additional premium of $44.90 or $49.90 per month. Please refer to the Optional Benefit section for more details.

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):
- You pay $16 co-pay.

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

Additional vision services are available in the Enhanced Benefits options for an additional premium of $44.90 or $49.90 per month. Please refer to the Optional Benefit section for more details.

### ASPIRE HEALTH PLUS (HMO-POS)

Dental coverage is limited to services covered by Medicare under Medicare Part A hospital and Medicare Part B medical benefits.

Additional dental services are available in the Enhanced Benefits options for an additional premium of $44.90 or $49.90 per month. Please refer to the Optional Benefit section for more details.

**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.

Additional vision services are available in the Enhanced Benefits options for an additional premium of $44.90 or $49.90 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.*
Mental Health Services

» Inpatient

» Outpatient group therapy visit

» Outpatient individual therapy visit

Inpatient visit:

You pay $300 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 $35 co-pay.

Outpatient individual therapy visit:
You pay $35 co-pay.
Inpatient visit:

You pay $250 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 $16 co-pay.

Outpatient individual therapy visit:
You pay $16 co-pay.

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.
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>ASPIRE HEALTH VALUE (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Skilled Nursing Facility</strong>¹</td>
<td>You pay nothing per day for days 1 through 20. $165 co-pay per day for days 21 through 100. Our plan covers up to 100 days in a SNF.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Rehabilitation Services¹</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>» Cardiac (heart) rehab visit</td>
<td>Cardiac (heart) rehab services: You pay $25 co-pay for each visit.</td>
</tr>
<tr>
<td>» Occupational therapy visit</td>
<td>Occupational therapy visit: You pay $25 co-pay for each visit.</td>
</tr>
<tr>
<td>» Physical therapy, speech therapy, and language therapy visit</td>
<td>Physical therapy, speech therapy, and language therapy visit: You pay $25 co-pay for each visit.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ambulance¹</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>You pay $275 co-pay.</td>
<td></td>
</tr>
<tr>
<td>If you are admitted to the hospital within 24 hours, you do not have to pay for the ambulance services.</td>
<td></td>
</tr>
<tr>
<td>You must receive Authorization from plan prior to utilization of non-emergency ambulance services.</td>
<td></td>
</tr>
</tbody>
</table>
### 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.

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.

You pay $250 co-pay.

If you are admitted to the hospital within 24 hours, 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)

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.

**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.

**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.
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>ASPIRE HEALTH VALUE (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transportation(^1)</td>
<td>You pay nothing.</td>
</tr>
<tr>
<td></td>
<td>4 one-way trips each year to routine in-network appointments.</td>
</tr>
<tr>
<td></td>
<td>To arrange transportation, please contact the plan 3 business days in advance to allow for proper scheduling.</td>
</tr>
<tr>
<td>Medicare Part B Drugs(^1)</td>
<td>You pay 20% of the cost for Medicare-covered Part B prescription drugs.</td>
</tr>
<tr>
<td></td>
<td>You pay $75 co-pay for each Medicare-covered outpatient chemotherapy treatment, per day.</td>
</tr>
<tr>
<td>Ambulatory Surgery Center</td>
<td>Ambulatory surgical center or outpatient surgery:</td>
</tr>
<tr>
<td></td>
<td>You pay $300 co-pay per date of service.</td>
</tr>
<tr>
<td>Foot Care (podiatry services)</td>
<td>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay $35 co-pay.</td>
</tr>
<tr>
<td>ASPIRE HEALTH ADVANTAGE (HMO)</td>
<td>ASPIRE HEALTH PLUS (HMO-POS)</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>--------------------------------</td>
</tr>
<tr>
<td></td>
<td><strong>In-network</strong>: You pay nothing.</td>
</tr>
<tr>
<td>You pay nothing.</td>
<td><strong>In-network</strong>: You pay nothing.</td>
</tr>
<tr>
<td>12 one-way trips each year to routine in-network appointments.</td>
<td>12 one-way trips each year to routine in-network appointments.</td>
</tr>
<tr>
<td>To arrange transportation, please contact the plan 3 business days in advance to allow for proper scheduling.</td>
<td>To arrange transportation, please contact the plan 3 business days in advance to allow for proper scheduling.</td>
</tr>
<tr>
<td></td>
<td><strong>Out-of-network</strong>: Routine transportation is not covered out-of-network</td>
</tr>
<tr>
<td></td>
<td><strong>Out-of-network</strong>: You pay nothing.</td>
</tr>
<tr>
<td>You pay 20% of the cost for Medicare-covered Part B prescription drugs.</td>
<td><strong>Out-of-network</strong>: You pay nothing.</td>
</tr>
<tr>
<td>You pay $65 co-pay for each Medicare-covered outpatient chemotherapy treatment, per day.</td>
<td>*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.</td>
</tr>
<tr>
<td></td>
<td><strong>Ambulatory surgical center or outpatient surgery</strong>: You pay $0 co-pay per date of service.</td>
</tr>
<tr>
<td>Ambulatory surgical center or outpatient surgery: You pay $275 co-pay per date of service.</td>
<td>Ambulatory surgical center or outpatient surgery: You pay $0 co-pay per date of service.</td>
</tr>
<tr>
<td>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions: You pay $16 co-pay.</td>
<td>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions. <strong>In-network</strong>: You pay nothing.</td>
</tr>
<tr>
<td></td>
<td><strong>Out-of-network</strong>: You pay nothing.</td>
</tr>
<tr>
<td></td>
<td>*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.</td>
</tr>
<tr>
<td>BENEFIT</td>
<td>ASPIRE HEALTH VALUE (HMO)</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>--------------------------------------------------------------</td>
</tr>
<tr>
<td>Medical Equipment/Supplies&lt;sup&gt;1&lt;/sup&gt;</td>
<td>You pay 20% of the cost for each durable medical equipment or supply.</td>
</tr>
<tr>
<td>Wellness Programs&lt;sup&gt;1&lt;/sup&gt;</td>
<td><strong>Health and Wellness Education Programs</strong></td>
</tr>
<tr>
<td></td>
<td>The Health Coaching program enables members to engage at their convenience in a meaningful education program, and includes programs focused on prediabetes, back care, and weight management, in addition to diabetes, hyperlipidemia, hypertension and coronary artery disease. The education is delivered by certified healthcare professionals with knowledge in chronic condition management. Health coaches work to develop behavior change strategies and self-management action plans with follow-up based on risk level. Participants receive printed materials, access to videos and community resources, and information on relevant programs and services.</td>
</tr>
<tr>
<td>Fitness Benefit</td>
<td><strong>Silver&amp;Fit®</strong></td>
</tr>
<tr>
<td></td>
<td>You pay an annual member fee of $50 for fitness center access or an annual member fee of $10 for two home fitness kits.</td>
</tr>
<tr>
<td>Acupuncture</td>
<td>You pay $20 per visit (for up to 4 visits every year).</td>
</tr>
</tbody>
</table>
### Health and Wellness Education Programs

The Health Coaching program enables members to engage at their convenience in a meaningful education program, and includes programs focused on prediabetes, back care, and weight management, in addition to diabetes, hyperlipidemia, hypertension and coronary artery disease. The education is delivered by certified healthcare professionals with knowledge in chronic condition management. Health coaches work to develop behavior change strategies and self-management action plans with follow-up based on risk level. Participants receive printed materials, access to videos and community resources, and information on relevant programs and services.

### Silver&Fit®

You pay an annual member fee of $25 for fitness center access or an annual member fee of $10 for two home fitness kits.

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

### ASPIRE HEALTH ADVANTAGE (HMO)

You pay 20% of the cost for each durable medical equipment or supply.

### 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.

### Health and Wellness Education Programs

The Health Coaching program enables members to engage at their convenience in a meaningful education program, and includes programs focused on prediabetes, back care, and weight management, in addition to diabetes, hyperlipidemia, hypertension and coronary artery disease. The education is delivered by certified healthcare professionals with knowledge in chronic condition management. Health coaches work to develop behavior change strategies and self-management action plans with follow-up based on risk level. Participants receive printed materials, access to videos and community resources, and information on relevant programs and services.

### Silver&Fit®

You pay an annual member fee of $25 for fitness center access or an annual member fee of $10 for two home fitness kits.

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

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

**Chiropractic Care**

- 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.

- Routine chiropractic visit (for up to 4 visits every year): You pay a $20 co-pay per visit.

- Routine chiropractic visits are limited to manual manipulation of the spine that is supportive, not corrective. This is sometimes called maintenance therapy or maintenance care. Routine chiropractic services are limited to the following codes: 98940, 98941, or 98942.

**Diabetes Supplies and Services**

- Diabetes monitoring supplies: You pay nothing.

- Diabetes self-management training: You pay nothing.

- Therapeutic shoes or inserts: You pay nothing.
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 a $10 co-pay per visit.

Routine chiropractic visit (for up to 6 visits every year): You pay a $10 co-pay per visit.

Routine chiropractic visits are limited to manual manipulation of the spine that is supportive, not corrective. This is sometimes called maintenance therapy or maintenance care. Routine chiropractic services are limited to the following codes: 98940, 98941, or 98942.

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.

Routine chiropractic visits are limited to manual manipulation of the spine that is supportive, not corrective. This is sometimes called maintenance therapy or maintenance care. Routine chiropractic services are limited to the following codes: 98940, 98941, or 98942.

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.

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.

Routine chiropractic visits are limited to manual manipulation of the spine that is supportive, not corrective. This is sometimes called maintenance therapy or maintenance care. Routine chiropractic services are limited to the following codes: 98940, 98941, or 98942.

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 coverage is restricted to Medicare-participating practitioners and Medicare-covered services accessed outside of the plan’s service area of Monterey County, California.
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>ASPIRE HEALTH VALUE (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Home Health Care</strong></td>
<td>You pay nothing.</td>
</tr>
<tr>
<td></td>
<td>Our plan covers the costs of Medicare-covered home health services.</td>
</tr>
<tr>
<td><strong>Outpatient Substance Abuse</strong></td>
<td>Group therapy visit: You pay $35 co-pay.</td>
</tr>
<tr>
<td></td>
<td>Individual therapy visit: You pay $35 co-pay.</td>
</tr>
<tr>
<td><strong>Prosthetic Devices</strong></td>
<td>Prosthetic devices: You pay 20% of the cost.</td>
</tr>
<tr>
<td>(braces, artificial limbs, etc.)</td>
<td>Related medical supplies: You pay 20% of the cost.</td>
</tr>
<tr>
<td><strong>ASPIRE HEALTH ADVANTAGE (HMO)</strong></td>
<td><strong>ASPIRE HEALTH PLUS (HMO-POS)</strong></td>
</tr>
<tr>
<td>-----------------------------------</td>
<td>----------------------------------</td>
</tr>
</tbody>
</table>
| 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.* |
| Group therapy visit: You pay $16 co-pay.  
Individual therapy visit: You pay $16 co-pay. | **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.* |
| Prosthetic devices: You pay 20% of the cost.  
Related medical supplies: You pay 20% of the cost. | **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.* |
<table>
<thead>
<tr>
<th>BENEFIT</th>
<th>ASPIRE HEALTH VALUE (HMO)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renal Dialysis</td>
<td>You pay nothing.</td>
</tr>
<tr>
<td>Hospice</td>
<td>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.</td>
</tr>
</tbody>
</table>
ASPIRE HEALTH ADVANTAGE (HMO)

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: 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.
## Telehealth

You pay nothing.

Certain telehealth services, including for:
- Female bladder infection (UTI)
- Vaginal yeast infection
- Canker or cold sores
- Pink eye (conjunctivitis)
- Stye (bumps/bumps on eyelid)
- Swimmer’s ear (ear pain)
- Burns (minor)
- Low back pain
- Head lice
- Tick bite
- Influenza (flu) prevention
- Pertussis (whooping cough) exposure
- Epi pen refill
- Medication refill for mild or exercise induced-asthma
- Oral birth control medication refill
- Cold, sinus infection, or influenza (flu)
- Hay fever/allergies
- Malaria prevention
- Exposure to sexually transmitted infection
- Acne
- Athlete’s foot
- Diaper rash
- Eczema
- Shingles (herpes zoster)
- Tinea (fungal skin infection)
- Unknown or other skin condition
- Ingrown toenail
- Jock itch
- Skin irritation
- Constipation and/or diarrhea (irritable bowel syndrome)
- Heartburn or acid reflux (gerd)
- Motion sickness prevention
- Tobacco cessation

You have the option of receiving these services either through an in-person visit or via telehealth. If you choose to receive one of these services via telehealth, then you must use a network provider that currently offers the service via telehealth. In order to access these services via telehealth you must go to the following website: www.aspirehealthplan.org/telehealth
You pay nothing.

Certain telehealth services, including for:
- Female bladder infection (UTI)
- Vaginal yeast infection
- Canker or cold sores
- Pink eye (conjunctivitis)
- Stye (bumps/bumps on eyelid)
- Swimmer’s ear (ear pain)
- Burns (minor)
- Low back pain
- Head lice
- Tick bite
- Influenza (flu) prevention
- Pertussis (whooping cough) exposure
- Epi pen refill
- Medication refill for mild or exercise induced-asthma
- Oral birth control medication refill
- Cold, sinus infection, or influenza (flu)
- Hay fever/allergies
- Malaria prevention
- Exposure to sexually transmitted infection
- Acne
- Athlete’s foot
- Diaper rash
- Eczema
- Shingles (herpes zoster)
- Tinea (fungal skin infection)
- Unknown or other skin condition
- Ingrown toenail
- Jock itch
- Skin irritation
- Constipation and/or diarrhea (irritable bowel syndrome)
- Heartburn or acid reflux (gerd)
- Motion sickness prevention
- Tobacco cessation

You have the option of receiving these services either through an in-person visit or via telehealth. If you choose to receive one of these services via telehealth, then you must use a network provider that currently offers the service via telehealth. In order to access these services via telehealth you must go to the following website: www.aspirehealthplan.org/telehealth
### ASPIRE HEALTH VALUE (HMO)  
### OUTPATIENT PRESCRIPTION DRUG BENEFITS

#### Initial Coverage

You pay the full cost of drugs on tiers 2, 3, 4, 5, and 6 until the yearly deductible of $435 is met.

#### STANDARD RETAIL COST-SHARING

<table>
<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>$7 co-pay</td>
<td>$21 co-pay</td>
</tr>
<tr>
<td>Tier 2 (Generic)</td>
<td>$14 co-pay</td>
<td>$42 co-pay</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand)</td>
<td>$47 co-pay</td>
<td>$141 co-pay</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Drug)</td>
<td>$100 co-pay</td>
<td>$300 co-pay</td>
</tr>
<tr>
<td>Tier 5 (Specialty Tier)</td>
<td>25% of the cost</td>
<td>25% of the cost</td>
</tr>
<tr>
<td>Tier 6 (Select insulins)</td>
<td>$11 co-pay</td>
<td>$33 co-pay</td>
</tr>
</tbody>
</table>

#### STANDARD MAIL ORDER COST-SHARING

<table>
<thead>
<tr>
<th>Tier</th>
<th>Three-month supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic)</td>
<td>$14 co-pay</td>
</tr>
<tr>
<td>Tier 2 (Generic)</td>
<td>$28 co-pay</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand)</td>
<td>$94 co-pay</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Drug)</td>
<td>$200 co-pay</td>
</tr>
<tr>
<td>Tier 5 (Specialty Tier)</td>
<td>25% of the cost</td>
</tr>
<tr>
<td>Tier 6 (Select insulins)</td>
<td>$22 co-pay</td>
</tr>
</tbody>
</table>

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.

---

### ASPIRE HEALTH ADVANTAGE (HMO)

#### Initial Coverage

You pay the full cost of drugs on tiers 3, 4, 5, and 6 until the yearly deductible of $150 is met.

#### STANDARD RETAIL COST-SHARING

<table>
<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>$4 co-pay</td>
<td>$12 co-pay</td>
</tr>
<tr>
<td>Tier 2 (Generic)</td>
<td>$8 co-pay</td>
<td>$24 co-pay</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand)</td>
<td>$45 co-pay</td>
<td>$135 co-pay</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Drug)</td>
<td>$95 co-pay</td>
<td>$285 co-pay</td>
</tr>
<tr>
<td>Tier 5 (Specialty Tier)</td>
<td>25% of the cost</td>
<td>25% of the cost</td>
</tr>
<tr>
<td>Tier 6 (Select insulins)</td>
<td>$11 co-pay</td>
<td>$33 co-pay</td>
</tr>
</tbody>
</table>

#### STANDARD MAIL ORDER COST-SHARING

<table>
<thead>
<tr>
<th>Tier</th>
<th>Three-month supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic)</td>
<td>$8 co-pay</td>
</tr>
<tr>
<td>Tier 2 (Generic)</td>
<td>$16 co-pay</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand)</td>
<td>$90 co-pay</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Drug)</td>
<td>$190 co-pay</td>
</tr>
<tr>
<td>Tier 5 (Specialty Tier)</td>
<td>30% of the cost</td>
</tr>
<tr>
<td>Tier 6 (Select insulins)</td>
<td>$22 co-pay</td>
</tr>
</tbody>
</table>
Initial Coverage

This plan does not have a yearly deductible.

STANDARD RETAIL COST-SHARING

<table>
<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>$0 co-pay</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td>Tier 2 (Generic)</td>
<td>$10 co-pay</td>
<td>$30 co-pay</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand)</td>
<td>$42 co-pay</td>
<td>$126 co-pay</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Drug)</td>
<td>$90 co-pay</td>
<td>$270 co-pay</td>
</tr>
<tr>
<td>Tier 5 (Specialty Tier)</td>
<td>33% of the cost</td>
<td>33% of the cost</td>
</tr>
<tr>
<td>Tier 6 (Select insulins)</td>
<td>$0 co-pay</td>
<td>$0 co-pay</td>
</tr>
</tbody>
</table>

STANDARD MAIL ORDER COST-SHARING

<table>
<thead>
<tr>
<th>Tier</th>
<th>Three-month supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1 (Preferred Generic)</td>
<td>$0 co-pay</td>
</tr>
<tr>
<td>Tier 2 (Generic)</td>
<td>$20 co-pay</td>
</tr>
<tr>
<td>Tier 3 (Preferred Brand)</td>
<td>$84 co-pay</td>
</tr>
<tr>
<td>Tier 4 (Non-Preferred Drug)</td>
<td>$180 co-pay</td>
</tr>
<tr>
<td>Tier 5 (Specialty Tier)</td>
<td>33% of the cost</td>
</tr>
<tr>
<td>Tier 6 (Select insulins)</td>
<td>$0 co-pay</td>
</tr>
</tbody>
</table>

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.

COVERAGE GAP: After your total yearly drug costs reach $4,020, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally pay no more than 25% of the plan’s costs for brand drugs and 25% of the plan’s costs for generic drugs until your yearly out-of-pocket drug costs reach $6,350. Some of our plans offer additional coverage in the gap. Please refer to the EOC for more information.

CATASTROPHIC COVERAGE: After your yearly out-of-pocket drug costs reach $6,350 in 2020, you pay the greater of: 5% co-insurance or $3.60 co-pay for generic (including brand name drugs treated as generic) and an $8.95 co-pay for all other drugs.

TRANSITION COVERAGE FOR NEW MEMBERS: For outpatient drugs, up to one (1) 30-day transition fills of Part D prescription medications, during the first 90 days of new membership in our plan. If you are in a Long Term Care Facility you can get up to one (1) 30-day transition fills of Part D prescription medications, during the first 90 days of new membership in our plan.
Optional Supplemental Benefits
Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

**Enhanced Benefits — Option A**

$44.90 in additional premium per month if you choose to enroll in this optional coverage.

This optional supplemental benefit includes dental and vision coverage:

**Dental coverage is through Delta Dental™ Medicare Advantage Network for Aspire Health Plan in Monterey County, CA and includes:**
- Preventive services: you pay nothing
- Comprehensive co-insurance: 20% – 50%
- Plan pays up to $1,000 every year

**Vision coverage is through MESVision® and includes:**
- Yearly routine eye exam: $10 co-pay
- Eyewear: $25 co-pay. Coverage limit is $460

Check the Evidence of Coverage (EOC) for specific coverage information and limitations.

You will have a ninety (90) day grace period from your Medicare Advantage Prescription Drug (MAPD) enrollment effective date to add the Enhanced Benefits. After the grace period ends, you may not elect the Enhanced Benefits until the next annual enrollment period.
$49.90 in additional premium per month if you choose to enroll in this optional coverage.

This optional supplemental benefit includes dental, vision, hearing, additional transportation, and post discharge home-delivered meals:

**Dental coverage is through Delta Dental™ Medicare Advantage Network for Aspire Health Plan in Monterey County, CA and includes:**
- Preventive services: you pay nothing
- Comprehensive co-insurance: 20% – 50%
- Plan pays up to $1,000 every year

**Vision coverage is through MESVision® and includes:**
- Yearly routine eye exam: $10 co-pay
- Eyewear: $25 co-pay. Coverage limit is $460

**Hearing coverage is through TruHearing™ and includes:**
- Yearly routine hearing exam: $20 co-pay
- Hearing aids: $599 or $899 / hearing aid

**Transportation includes:**
- Additional 10 one-way rides to in-network appointments: you pay nothing

**Post discharge home-delivered meals is through Mom’s Meals NourishCare® and includes:**
- 14 refrigerated meals, 2 meals per day for 7 days, customized to the member’s preference: you pay nothing
- Meal benefit must be requested within 14 days of an inpatient hospital or skilled nursing facility stay.

Check the Evidence of Coverage (EOC) for specific coverage information and limitations.

You will have a ninety (90) day grace period from your Medicare Advantage Prescription Drug (MAPD) enrollment effective date to add the Enhanced Benefits. After the grace period ends, you may not elect the Enhanced Benefits until the next annual enrollment period.
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. 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 on our website at www.aspirehealthplan.org or by calling Member Services (855) 570-1600 (TTY: 711) to request a copy. This document is available in other formats such as large print. We are open 8 a.m.–8 p.m. PT Monday through Friday from April 1 through September 30 and 8 a.m.–8 p.m. PT seven days a week from October 1 through March 31 (except certain holidays). 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. 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.

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.
Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at (888) 864-4611.

Understanding the Benefits

☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially those services for which you routinely see a doctor. Visit www.aspirehealthplan.org or call (888) 864-4611 (TTY 711) to view a copy of the EOC.

☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

Understanding Important Rules

☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.

☐ Benefits, premiums and/or co-payments/co-insurance may change on January 1, 2021.

☐ Except in emergency or urgent situations, we do not cover services by out-of-network providers (doctors who are not listed in the provider directory).

☐ Our Aspire Health Plus (HMO-POS) plan allows you to see out-of-network (non-contracted) providers outside of Monterey County. However, while we pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in emergency or urgent situations, non-contracted providers may deny care.
You can enroll today

STEP ONE: Enrollment eligibility
You are eligible to enroll in Aspire Health Value, Aspire Health Advantage, or Aspire Health Plus if:
■ You are entitled to Medicare Part A (hospital insurance) and enrolled in Part B (medical insurance)
■ You reside in Aspire Health Plan service area
■ You do not have end-stage renal disease (ESRD) or kidney failure requiring an ongoing dialysis program; or, If you have had ESRD and needed dialysis, but you had a successful kidney transplant within the last 36 months and no longer require dialysis (documentation from your physician is required)

Typically, you may enroll in a Medicare Advantage Prescription Drug (MAPD) plan only during the Annual Election Period (AEP) from October 15 through December 7 each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period. Please contact us at the numbers listed below if you have questions.

STEP TWO: Read materials carefully
Review the enclosed materials to understand the Aspire Health Value, Aspire Health Advantage and Aspire Health Plus plans. If you have any questions, please contact us at the numbers listed.

STEP THREE: Complete the enrollment form
For best results: Place a piece of cardboard behind the yellow copy, press hard enough to go through 2 copies, write neatly, and use a blue or black ballpoint pen.
■ Each individual applicant must fill out a separate enrollment form
■ Have your red, white, and blue Medicare card ready. You will be asked to fill in the information about your Medicare benefits EXACTLY as they appear on your Medicare card
■ Select your Primary Care Physician (PCP). Be sure to fill in the physician’s name and location as it appears in the Aspire Health Plan Provider/Pharmacy Directory
■ Read the questions and fill in the answers
■ Read the “Important Information” section
■ Sign and date the form. Your enrollment is not complete without a signature. Please review to make sure all sections are filled out completely

■ Mail the top copy of each form in the postage-paid envelope provided.
Or mail to: Aspire Health Plan, P.O. Box 5490, Salem, OR 97304

If you have not yet received your Medicare card, you can attach a copy of your “Letter of Verification” from the Social Security Administration or Railroad Retirement Board.

We can help
If you’d like assistance, please call us toll-free (888) 864-4611 (TTY: 711).
We are open 8 a.m.—8 p.m. PT Monday through Friday from April 1 through September 30 and 8 a.m.—8 p.m. PT 7 days a week from October 1 through March 31 (except for certain holidays).

Thank you for choosing Aspire Health Plan.
2020 Medicare Advantage Prescription Drug (MA-PD)
Individual Enrollment Request Form

Please contact Aspire Health Plan if you need information in another language or format (large print).

Typically, you may enroll in a Medicare Advantage Prescription Drug (MAPD) plan only during the Annual Election Period (AEP) from October 15 through December 7. There are exceptions called Special Election Periods (SEP) that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully, and check the box if the statement applies to you. By checking any of the following boxes, you are indicating, to the best of your understanding, you are eligible for an enrollment period. If we later determine that this information is incorrect, you may be disenrolled.

☐ I am new to Medicare.
☐ I’ve had Medicare prior to now and am now turning 65.
☐ I’m in the annual election period (October 15 - December 7 each year).
☐ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
☐ I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved on: _____/_____/______ (M M / D D/ Y Y Y Y)
☐ I recently was released from incarceration. I was released on: _____/_____/______ (M M / D D/ Y Y Y Y)
☐ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on: _____/_____/______ (M M / D D/ Y Y Y Y)
☐ I recently obtained lawful presence status in the United States. I got this status on: _____/_____/______ (M M / D D/ Y Y Y Y)
☐ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on: _____/_____/______ (M M / D D/ Y Y Y Y)
☐ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on: _____/_____/______ (M M / D D/ Y Y Y Y)
☐ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven’t had a change.

☐ I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home). I moved/will move into/out of the facility on: _____/_____/______ (M M / D D/ Y Y Y Y)
☐ I recently left a PACE program on: _____/_____/______ (M M / D D/ Y Y Y Y)
☐ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare’s). I lost my drug coverage on: _____/_____/______ (M M / D D/ Y Y Y Y)
☐ I am leaving employer or union coverage on: _____/_____/______ (M M / D D/ Y Y Y Y)
☐ I belong to a pharmacy assistance program provided by my state.
☐ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
☐ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on: _____/_____/______ (M M / D D/ Y Y Y Y)
☐ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on: _____/_____/______ (M M / D D/ Y Y Y Y)
☐ I was affected by a weather-related emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA). One of the other statements here applied to me, but I was unable to make my enrollment because of the natural disaster.
☐ Other (please explain):  ______________________________________________________

If none of these statements apply to you or you’re not sure, please call Aspire Health Plan toll free (855) 570-1600 TTY users should call 711 to see if you are eligible to enroll. Our hours are: 8 a.m.–8 p.m. Monday through Friday from April 1 to September 30 and 8 a.m.–8 p.m. seven days a week October 1 to March 31 (except certain holidays).

PLEASE RETURN TO ASPIRE HEALTH PLAN

Questions? Call (888) 864-4611 (TTY: 711) 45
To enroll in Aspire Health Plan, please provide the following information:

Please check which plan you want to enroll in:

- **Aspire Health Value (HMO) ($32)**
  - with Enhanced Benefits — Option A = $44.90 + $32 = $76.90/mo.
  - with Enhanced Benefits — Option B = $49.90 + $32 = $81.90/mo.

- **Aspire Health Advantage (HMO) ($134)**
  - with Enhanced Benefits — Option A = $44.90 + $134 = $178.90/mo.
  - with Enhanced Benefits — Option B = $49.90 + $134 = $183.90/mo.

- **Aspire Health Plus (HMO-POS) ($254)**
  - with Enhanced Benefits — Option A = $44.90 + $254 = $298.90/mo.
  - with Enhanced Benefits — Option B = $49.90 + $254 = $303.90/mo.

*Note: At time of enrollment the Late Enrollment Penalty (LEP) may not be known; if an LEP is confirmed by CMS, the cost per month may change.*

<table>
<thead>
<tr>
<th>LAST Name:</th>
<th>FIRST Name:</th>
<th>Middle Initial:</th>
<th>□ Mr. □ Mrs. □ Ms.</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Birth date:</th>
<th>Sex:</th>
<th>Home phone:</th>
<th>Alternative phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MM/DD/YYYY</td>
<td>□ M □ F</td>
<td>(___) - _____ - ______</td>
<td>(___) - _____ - ______</td>
</tr>
</tbody>
</table>

Permanent Residence Street Address (P.O. Box is not allowed):

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP:</th>
</tr>
</thead>
</table>

Mailing address (only if different from your permanent residence address): □ Same as permanent

<table>
<thead>
<tr>
<th>City:</th>
<th>State:</th>
<th>ZIP:</th>
</tr>
</thead>
</table>

Emergency contact:

<table>
<thead>
<tr>
<th>Phone:</th>
<th>Relationship to you:</th>
</tr>
</thead>
<tbody>
<tr>
<td>(___) - _____ - ______</td>
<td></td>
</tr>
</tbody>
</table>

E-mail address (optional):

**Please provide your Medicare insurance information**

**Please take out your red, white, and blue Medicare card to complete this section.** Fill in the information below as it appears on your card; OR attach a copy of your Medicare card or your letter from Social Security or the Railroad Retirement Board.

Name as it appears on your Medicare card:

Medicare number: [

Is entitled to (effective date):

Hospital (Part A): __________________________ Medical (Part B): __________________________

*You must have Medicare Part A and Part B to join a Medicare Advantage plan.*

**PLEASE RETURN TO ASPIRE HEALTH PLAN**
Paying your plan premium

You can pay your monthly plan premium (including any late enrollment penalty that you owe) by mail, Electronic Funds Transfer (EFT), or credit card. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you are assessed a Part D-Income-Related Monthly Adjustment Amount (IRMAA), you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or the RRB. DO NOT pay Aspire Health Plan for the Part D-IRMAA.

People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If eligible, Medicare could pay 75% or more of drug costs including monthly prescription drug premiums, annual deductibles, and co-insurance. Additionally, those who qualify will not be subject to the coverage gap or a late enrollment penalty. Many people are eligible for these savings and don’t even know it. For more information about this Extra Help, contact your local Social Security office, or call Social Security at (800) 772-1213. TTY users should call (800) 325-0778. You can also apply for Extra Help online at www.socialsecurity.gov/prescriptionhelp.

If you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium. If Medicare pays only a portion of this premium, we will bill you for the amount that Medicare doesn’t cover.

If you don’t select a payment option, you will receive a bill each month.

Please select a premium payment option:

- □ Get a monthly bill
- □ Electronic funds transfer (EFT) from your bank account each month.
  Please enclose a VOIED check or provide the following:
  - Account holder name: ____________________________
  - Bank routing number: ____________________________
  - Bank name: ____________________________________  Account type: □ Checking □ Savings
  - Bank account number: ____________________________
- □ Credit or debit card
  To set up your credit or debit card payments please call Aspire Health Plan toll free at (855) 570-1600 (TTY users call 711) or visit: www.aspirehealthplan.org/member-resources
- □ Automatic deduction from your monthly Social Security or Railroad Retirement board (RRB) benefits check. I get monthly benefits from: □ Social Security □ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date, up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)
Please read and answer these important questions:

1. Do you have End Stage Renal Disease (ESRD)? □ Yes □ No
   If you have had a successful kidney transplant and/or you don’t need regular dialysis any more, please attach a note or records from your doctor showing you have had a successful kidney transplant or you don’t need dialysis; otherwise we may need to contact you to obtain addition information.

2. Some individuals may have other drug coverage, including other private insurance, TRICARE, Federal employee health benefits coverage, VA benefits, or state pharmaceutical assistance programs. Will you have other prescription drug coverage in addition to Aspire Health Plan? □ Yes □ No
   If “yes,” please list your other coverage and your identification (ID) number(s) for this coverage:

<table>
<thead>
<tr>
<th>Name of other coverage:</th>
<th>ID #:</th>
<th>Group #:</th>
</tr>
</thead>
</table>

3. Are you a resident in a long-term care facility, such as a nursing home? □ Yes □ No
   If “yes” please provide the following information:
   Name of institution: ___________________________
   Address:______________________________________________________________
   City___________________ State_____________ ZIP: _________
   Phone #: ( _______) ____________- _______________

4. Are you enrolled in your State Medicaid program? □ Yes □ No
   If yes, please provide your Medicaid number: _________________________________________

5. Do you work? □ Yes □ No
   Does your spouse work? □ Yes □ No

6. Please choose the name of a Primary Care Physician (PCP) from our list of network physicians, which can be obtained from your agent, on our website at www.aspirehealthplan.org, or by calling our customer service department. Our hours of operation are from 8 a.m. – 8 p.m., Monday through Friday from April 1 to September 30, and 8 a.m. – 8 p.m., seven days a week October 1 to March 31 (except certain holidays).
   Physician name (First and Last):  ____________________________________________________________
   City:___________________ ZIP:  _________ Are you currently a patient of this provider? □ Yes □ No
   NOTE: If you do not choose one of the PCPs from our list, the plan will automatically choose one for you.
   Please indicate a gender preference for the plan-selected physician. □ Male □ Female

7. Please check one of the boxes if you prefer we send you information in a language other than English or in an accessible format. □ Spanish □ Large print
   Please contact Aspire Health Plan toll-free (855) 570-1600 if you need information in an accessible format or language other than what is listed above. Our hours are: 8 a.m. – 8 p.m., Monday through Friday from April 1 to September 30, and 8 a.m. – 8 p.m., seven days a week October 1 to March 31 (except certain holidays). TTY users should call 711.

Please read this important information:
If you currently have health coverage from an employer or union, joining Aspire Health Plan could affect your employer or union health benefits. You could lose your employer or union health coverage if you join Aspire Health Plan. Read the communications your employer or union sends you. If you have questions, visit their website, or contact the office listed in their communications. If there isn’t any information about who to contact, your benefits administrator or the office that answers questions about your coverage can help.

PLEASE RETURN TO ASPIRE HEALTH PLAN
By completing this enrollment application, I agree to the following:
Aspire Health Plan is a Medicare Advantage Prescription Drug plan and has a contract with the Federal Government. I will need to keep my Medicare Parts A and B. I can only be in one Medicare Advantage plan at a time, and I understand that my enrollment in this plan will automatically end my enrollment in another Medicare health plan or prescription drug plan. It is my responsibility to inform you of any prescription drug coverage that I have or may get in the future. Enrollment in this plan is generally for the entire year. Once I enroll, I may leave this plan or make changes only at certain times of the year when an enrollment period is available (Example, October 15 - December 7 each year), or under certain special circumstances.

Aspire Health Plan serves a specific service area. If I move out of the area that Aspire Health Plan serves, I need to notify the plan so I can disenroll and find a new plan in my new area. Once I am a member of Aspire Health Plan, I have the right to appeal plan decisions about payment or services if I disagree. I will read the Evidence of Coverage document from Aspire Health Plan when I get it to know which rules I must follow to get coverage with this Medicare Advantage Prescription Drug plan. I understand that people with Medicare aren’t usually covered under Medicare while out of the country except for limited coverage near the U.S. border.

I understand that beginning on the date Aspire Health Plan coverage begins, I must get all of my healthcare from Aspire Health Plan except for emergency or urgently needed services, or out-of-area dialysis services. Services authorized by Aspire Health Plan and other services contained in my Aspire Health Plan Evidence of Coverage document (also known as a member contract or subscriber agreement) will be covered. Without authorization, NEITHER MEDICARE NOR ASPIRE HEALTH PLAN WILL PAY FOR THE SERVICES.

I understand that if I am getting assistance from a sales agent, broker, or other individual employed by or contracted with Aspire Health Plan he/she may be paid based on my enrollment in Aspire Health Plan.

**Release of Information:** By joining this Medicare health plan, I acknowledge that Aspire Health Plan will release my information to Medicare and other plans as is necessary for treatment, payment, and healthcare operations. I also acknowledge that Aspire Health Plan will release my information, including my prescription drug event data to Medicare, who may release it for research and other purposes which follow all applicable Federal statutes and regulations. The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.

I understand that my signature (or the signature of the person authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that: 1) this person is authorized under State law to complete this enrollment and 2) documentation of this authority is available upon request from Aspire Health Plan or Medicare.

<table>
<thead>
<tr>
<th>Your signature:</th>
<th>Today’s date: MM/DD/YYYY</th>
</tr>
</thead>
<tbody>
<tr>
<td>If you are legally authorized to represent the enrollee, you must sign and date above and provide the following information:</td>
<td></td>
</tr>
<tr>
<td>Name and address:</td>
<td>Phone: ()-<strong>-</strong></td>
</tr>
</tbody>
</table>

Thank you. You have completed the individual enrollment request form.
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.

We are open 8 a.m.–8 p.m. PT Monday through Friday from April 1 through September 30 and 8 a.m.–8 p.m. PT seven days a week from October 1 through March 31 (except certain holidays). Medicare beneficiaries may also enroll in Aspire Health Plan through the CMS Medicare Online Enrollment Center located at http://www.medicare.gov.
Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) requires sales agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

- Medicare Advantage Prescription Drug Plans (Part C and D)
  - Medicare Health Maintenance Organization (HMO) — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan’s network (except in emergencies).
  - Medicare Point of Service (HMO-POS) plan — A type of Medicare Advantage plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary healthcare provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

- Dental / Vision / Hearing products
  - Aspire Health Plan offers optional coverage for consumers who are looking for enriched dental, vision, and hearing benefits. This additional coverage is neither affiliated with nor endorsed by Medicare.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or authorized representative signature and signature date:

_________________________________________    ____________________________
Signature                                                                 Signature date

H8764_MKT_Scope of Appt_0819_C

Aspire Health Plan 2020
If you are the authorized representative, please sign above and print below:

Representative's name: ________________________________

Your relationship to the beneficiary: ________________________________

Please return this form to:
Aspire Health Plan
PO Box 5490
Salem, OR 97304

To be completed by agent:

Agent name: ___________________________  Agent phone: ___________________________

Beneficiary name: ___________________________  Beneficiary phone (optional): ___________________________

Beneficiary address (optional):

Initial method of contact: (Indicate here if beneficiary was a walk-in.)

Agent's signature:

Plan(s) the agent represented during this meeting:

Date appointment completed:

[Plan use only:] *Scope of Appointment documentation is subject to CMS record retention requirements*

Agent: If the form was signed by the beneficiary at time of appointment, provide explanation why Scope of Appointment was not documented prior to meeting.

Aspire Health Plan is a Medicare Advantage HMO plan with a Medicare contract. Enrollment in the 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.
2019 Medicare Star Ratings*

The Medicare Program rates all health and prescription drug plans each year, based on a plan’s quality and performance. Medicare Star Ratings help you know how good a job our plan is doing. You can use these Star Ratings to compare our plan’s performance to other plans. The two main types of Star Ratings are:

1. An Overall Star Rating that combines all of our plan’s scores.
2. Summary Star Rating that focuses on our medical or our prescription drug services.

Some of the areas Medicare reviews for these ratings include:
- How our members rate our plan’s services and care;
- How well our doctors detect illnesses and keep members healthy;
- How well our plan helps our members use recommended and safe prescription medications.

For 2019, Aspire Health Plan received the following Overall Star Rating from Medicare.

4 Stars ★★★★★

We received the following Summary Star Rating for Aspire Health Plan’s health/drug plan services:

Health Plan Services: 4 Stars ★★★★★
Drug Plan Services: 4 Stars ★★★★★

The number of stars shows how well our plan performs.

★★★★★ 5 stars – excellent
★★★★☆ 4 stars – above average
★★★☆☆ 3 stars – average
★★☆☆☆ 2 stars – below average
★☆☆☆☆ 1 star – poor

Learn more about our plan and how we are different from other plans at www.medicare.gov.

You may also contact us 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 888-839-3991 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time. Current members please call 855-570-1600 (toll-free) or 711 (TTY).

*Star Ratings are based on 5 Stars. Star Ratings are assessed each year and may change from one year to the next.

Aspire Health Plan is an 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). 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 (855) 570-1600 (TTY: 711).
Multi-language interpretation services

**ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call 1-855-570-1600 (TTY: 711).

**SPANISH** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-570-1600 (TTY: 711).

**CHINESE** 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).

**VIETNAMESE** CHƯ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-570-1600 (TTY: 711).

**TAGALOG** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-570-1600 (TTY: 711).

**KOREAN** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-570-1600 (TTY: 711) 번으로 전화해 주십시오.

**ARMENIAN** ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք 1-855-570-1600 (TTY (հեռատիպ)՝ 711):

**Farsi** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما رایگان برای 1600-570-570 و 1-855-570-1600 (TTY: 711) .

**RUSSIAN** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-570-1600 (телетайп: 711).

**JAPANESE** 注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。 1-855-570-1600 (TTY:711)まで、お電話にてご連絡ください。

**ARABIC** ملاحظة: إذا كنت تتحدث اللغة العربية، فإن الخدمات اللغوية متوفرة لك بجانب ذلك! اتصل برقم 1-855-570-1600 (TTY: 711):

**PANJABI** ਪੰਜਾਬੀ ਵਿਖਾਣਾ: ਨੇ ਤੁਹਾਡੀ ਭਾਸ਼ੀ ਹੇਠਾਂ ਬੈਠਣ ਦੇ, ਤੁਹਾਡਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਪ੍ਰਾਪਤ ਕਰੀਆਂ ਭਾਸ਼ੀ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕੀਤੀਆਂ। 1-855-570-1600 (TTY: 711) ਵਿੱਚ ਕਾਲ ਕਰੋ।

**MON-KHMER, CAMBODIA** ឬយបត្រ បារាំង ប្របារ៉ា មិនអាច ព្រញជា សរសេរមើល៖ សម្រាប់ប្រទេសមួយ ប្រទេសដែលមិនអាច និយាយជាការ ប្រទេសសម្រាប់ប្រទេសដែលមិនអាច និយាយជាការ។ 1-855-570-1600 (TTY: 711)


**HINDI** ध्यान: यदि आप हिन्दी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-570-1600 (TTY: 711) पर कॉल करें।

**THAI** เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ด้วย โทร 1-855-570-1600 (TTY: 711).
Non-discrimination
Communication & Grievance Procedures

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. Aspire Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Aspire Health Plan:
■ Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  » Qualified sign language interpreters
  » Written information in other formats
    (large print, audio, accessible electronic formats, other formats)

■ Provides free language services to people whose primary language is not English, such as:
  » Qualified interpreters
  » Information written in other languages

If you need these services, contact Aspire Health Plan Grievance Coordinator.

If you believe that Aspire Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Grievance Coordinator, Aspire Health Plan, 10 Ragsdale Dr. Suite 101, Monterey, CA 93940, phone: (855) 570-1600, TTY: 711, fax: (831) 657-0703, email: compliance@aspirehealthplan.org. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Aspire Health Plan Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201

1-800-368-1019, 800-537-7697 (TDD).
What comes next?

Now that you’ve chosen Aspire, here’s what will happen next.

☐ Letter verifying your enrollment

This letter is required by Medicare to ensure you understand your new plan and to confirm that you want to enroll in Aspire Health Plan. The letter will also include your Member ID number, which you can use for making medical appointments until you receive your actual Aspire membership ID card.

☐ If you are currently enrolled in a Medicare supplement plan, you MUST call and cancel your policy before your Aspire Health Plan effective date.

Date canceled supplement: ____________________________

☐ Welcome packet

This packet is filled with helpful information, including Health Risk Assessment Survey • Enhanced Benefits booklet • Prescription mail-order form • Silver&Fit® fitness program • Aspire Rewards program

☐ Your Aspire member ID card

Your membership card will arrive in the mail within a few weeks of signing up with Aspire Health Plan. Until that time, you can refer to the information on the card below. Once you receive your actual card in the mail, place it in your wallet.

You can now also put your red, white, and blue Medicare card away in a safe place.

---

Rosemarie and Mike
Aspire Health Plan members

TEMPORARY INFORMATION CARD

Primary Care Physician (PCP): ____________________________
PCP phone number: ____________________________
Member Services phone number: (855) 570 -1600

H8764_MKT_Next Steps_0819_M
2020 Important phone numbers

We make it easy for you to get answers to your questions. Simply call our Member Services department for questions regarding your plan benefits, or call our 24/7 pharmacy services department for questions about your prescription drug coverage. Keep this list handy, so you always know who to call.

**Member Services department**

**Toll Free: (855) 570-1600** (TTY users call 711)

October 1 – March 31 — Seven days a week, 8 a.m.–8 p.m., except certain holidays
April 1 – September 30 — Monday through Friday, 8 a.m.–8 p.m.

**Prescription drug coverage**

For pharmacy questions, MedImpact Healthcare Systems

**Toll free: (888) 495-3160 / (TTY users call 711)**

24 hours a day, 7 days a week

**Gym membership and home fitness kits — Silver&Fit®**

**(877) 427-4788** (TTY users call 711)

Monday through Friday, 5 a.m.–6 p.m.

**Enhanced Benefits — Option A**

If you enroll in our Enhanced Benefits — Option A package, you can contact the following companies for services.

- **Delta Dental™** — **(800) 626-3023**
- **MESVision®** — **(800) 877-6372**

**Enhanced Benefits — Option B**

If you enroll in our Enhanced Benefits — Option B package, you can contact the following companies for services.

- **Delta Dental™** — **(800) 626-3023**
- **MESVision®** — **(800) 877-6372**
- **TruHearing™** — **(844) 208-2631**
- **Meals after a hospital or skilled nursing stay** — **(855) 570-1600** (TTY users call 711)
- **Transportation to in-network providers** — **(855) 570-1600** (TTY users call 711)

**Fraud, waste, and abuse reporting hotline**

**Toll free: (800) 810-0176**

24 hours a day, 7 days a week

All communications are confidential and anonymous.
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.

Every year, Medicare evaluates plans based on a 5-star rating system. 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. Medicare beneficiaries may also enroll in Aspire Health Plan through the CMS Medicare Online Enrollment Center located at http://www.medicare.gov.

We are open 8 a.m.–8 p.m. PT Monday through Friday from April 1 through September 30 and 8 a.m.–8 p.m. PT seven days a week from October 1 through March 31 (except certain holidays).