## BENEFIT

### Monthly plan premium
- **Aspire Health Value (HMO)**: $52
- **Aspire Health Advantage (HMO)**: $139
- **Aspire Health Plus (HMO-POS)**: $269

### Out-of-pocket limit (in-network Medicare-covered benefits)
- **Aspire Health Value (HMO)**: $7,550
- **Aspire Health Advantage (HMO)**: $6,000
- **Aspire Health Plus (HMO-POS)**: $3,450

### Annual Part C deductible (all services except for prescription drugs)
- **Aspire Health Value (HMO)**: $0
- **Aspire Health Advantage (HMO)**: $0
- **Aspire Health Plus (HMO-POS)**: $0

### Out-of-service area cost
- **Aspire Health Value (HMO)**: N/A
- **Aspire Health Advantage (HMO)**: N/A
- **Aspire Health Plus (HMO-POS)**: 20% co-insurance

## DOCTOR OFFICE VISITS

### Primary care physician (PCP)
- **Aspire Health Value (HMO)**: $15 co-pay
- **Aspire Health Advantage (HMO)**: $5 co-pay
- **Aspire Health Plus (HMO-POS)**: $0 co-pay

### Specialty care physician
- **Aspire Health Value (HMO)**: $45 co-pay
- **Aspire Health Advantage (HMO)**: $30 co-pay
- **Aspire Health Plus (HMO-POS)**: $20 co-pay

## INPATIENT CARE

### Inpatient hospital (acute)
- **Aspire Health Value (HMO)**: Days 1-6: $335 per day
- **Aspire Health Advantage (HMO)**: Days 1-6: $275 per day
- **Aspire Health Plus (HMO-POS)**: Days 1-5: $250 per day
- **Aspire Health Value (HMO)**: Days 7-90: $0 per day
- **Aspire Health Advantage (HMO)**: Days 7-90: $0 per day
- **Aspire Health Plus (HMO-POS)**: Days 6-90: $0 per day
- **Aspire Health Value (HMO)**: Days 1-20: $0 per day
- **Aspire Health Advantage (HMO)**: Days 1-20: $0 per day
- **Aspire Health Plus (HMO-POS)**: Days 1-20: $20 per day
- **Aspire Health Value (HMO)**: Days 21-100: $184 per day
- **Aspire Health Advantage (HMO)**: Days 21-100: $100 per day
- **Aspire Health Plus (HMO-POS)**: Days 21-100: $50 per day

### Skilled Nursing Facility (SNF)
- **Aspire Health Value (HMO)**: Days 1-6: $275 per day
- **Aspire Health Advantage (HMO)**: Days 1-20: $0 per day
- **Aspire Health Plus (HMO-POS)**: Days 1-5: $250 per day
- **Aspire Health Value (HMO)**: Days 6-90: $0 per day
- **Aspire Health Advantage (HMO)**: Days 6-90: $0 per day
- **Aspire Health Plus (HMO-POS)**: Days 6-90: $90 per day
- **Aspire Health Value (HMO)**: Days 1-20: $0 per day
- **Aspire Health Advantage (HMO)**: Days 21-100: $100 per day
- **Aspire Health Plus (HMO-POS)**: Days 21-100: $50 per day

## OUTPATIENT CARE

### Outpatient hospital surgery/Ambulatory Surgical Center (ASC) services
- **Aspire Health Value (HMO)**: $300 co-pay
- **Aspire Health Advantage (HMO)**: $60-$275 co-pay
- **Aspire Health Plus (HMO-POS)**: $40-$200 co-pay

### Home health services (must meet medical necessity criteria)
- **Aspire Health Value (HMO)**: $0
- **Aspire Health Advantage (HMO)**: $0
- **Aspire Health Plus (HMO-POS)**: $0

### Outpatient mental health (individual/group)
- **Aspire Health Value (HMO)**: $35 co-pay
- **Aspire Health Advantage (HMO)**: $15 co-pay
- **Aspire Health Plus (HMO-POS)**: $0

### Outpatient substance abuse (individual/group)
- **Aspire Health Value (HMO)**: $35 co-pay
- **Aspire Health Advantage (HMO)**: $15 co-pay
- **Aspire Health Plus (HMO-POS)**: $0

## 24/7 CARE (COMMON MEDICAL CONDITIONS)

### Telehealth visit
- **Aspire Health Value (HMO)**: $0
- **Aspire Health Advantage (HMO)**: $0
- **Aspire Health Plus (HMO-POS)**: $0

## EMERGENCY SERVICES

### Urgently needed care (waived if admitted within 24 hours)
- **Aspire Health Value (HMO)**: $45 co-pay
- **Aspire Health Advantage (HMO)**: $30 co-pay
- **Aspire Health Plus (HMO-POS)**: $0 in and out of service area

### Emergency care (waived if admitted within 24 hours)
- **Aspire Health Value (HMO)**: $90 co-pay
- **Aspire Health Advantage (HMO)**: $90 co-pay
- **Aspire Health Plus (HMO-POS)**: $90 in and out of service area

### Ambulance, ground (when medically necessary, waived if admitted within 24 hours)
- **Aspire Health Value (HMO)**: $300 co-pay
- **Aspire Health Advantage (HMO)**: $250 co-pay
- **Aspire Health Plus (HMO-POS)**: $200 co-pay

## LAB SERVICES AND DIAGNOSTIC TESTS

### Diagnostic tests and procedures
- **Aspire Health Value (HMO)**: $20 co-pay
- **Aspire Health Advantage (HMO)**: $10 co-pay
- **Aspire Health Plus (HMO-POS)**: $0

### Lab services
- **Aspire Health Value (HMO)**: $20 co-pay
- **Aspire Health Advantage (HMO)**: $10 co-pay
- **Aspire Health Plus (HMO-POS)**: $0

### X-rays
- **Aspire Health Value (HMO)**: $20 co-pay
- **Aspire Health Advantage (HMO)**: $10 co-pay
- **Aspire Health Plus (HMO-POS)**: $0

### Diagnostic radiology
- **Aspire Health Value (HMO)**: $90-$250 co-pay
- **Aspire Health Advantage (HMO)**: $60-$150 co-pay
- **Aspire Health Plus (HMO-POS)**: $30-$100 co-pay

### Therapeutic radiology
- **Aspire Health Value (HMO)**: 20% co-insurance
- **Aspire Health Advantage (HMO)**: 20% co-insurance
- **Aspire Health Plus (HMO-POS)**: 20% co-insurance

## MEDICAL EQUIPMENT AND SUPPLIES

### Durable Medical Equipment (DME)
- **Aspire Health Value (HMO)**: 20% co-insurance
- **Aspire Health Advantage (HMO)**: 20% co-insurance
- **Aspire Health Plus (HMO-POS)**: 20% co-insurance

### Diabetes — monitoring, supplies, and therapeutic shoes
- **Aspire Health Value (HMO)**: $0
- **Aspire Health Advantage (HMO)**: $0
- **Aspire Health Plus (HMO-POS)**: $0

## REHABILITATION SERVICES

### Speech, physical, occupational, cardiac, pulmonary therapy
- **Aspire Health Value (HMO)**: $25 co-pay
- **Aspire Health Advantage (HMO)**: $15 co-pay
- **Aspire Health Plus (HMO-POS)**: $0

## PART B DRUGS

### All, including chemotherapy
- **Aspire Health Value (HMO)**: 20% co-insurance
- **Aspire Health Advantage (HMO)**: 20% co-insurance
- **Aspire Health Plus (HMO-POS)**: 20% co-insurance

## WELLNESS EXAMS AND SCREENINGS

### Medicare covered preventive services
- **Aspire Health Value (HMO)**: $0
- **Aspire Health Advantage (HMO)**: $0
- **Aspire Health Plus (HMO-POS)**: $0

### Influenza vaccine (1 per year)
- **Aspire Health Value (HMO)**: $0
- **Aspire Health Advantage (HMO)**: $0
- **Aspire Health Plus (HMO-POS)**: $0

### Mammogram (1 per year)
- **Aspire Health Value (HMO)**: $0
- **Aspire Health Advantage (HMO)**: $0
- **Aspire Health Plus (HMO-POS)**: $0

## VISION

### Diagnostic screenings (Medicare-covered benefits)
- **Aspire Health Value (HMO)**: $45 co-pay
- **Aspire Health Advantage (HMO)**: $30 co-pay
- **Aspire Health Plus (HMO-POS)**: $0

### Diagnostic hearing exams (Medicare-covered benefits)
- **Aspire Health Value (HMO)**: $45 co-pay
- **Aspire Health Advantage (HMO)**: $30 co-pay
- **Aspire Health Plus (HMO-POS)**: $0

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For more information, please call Aspire Health Plan toll free: **(866) 798-9356** (TTY users: 711)
CHIROPRACTIC SERVICES

Medicare-covered benefits (manipulation of spine to correct subluxation)
Covered visits per year
4 visits

Routine care (limited to specific treatment codes)
Covered visits per year
6 visits

ACUPUNCTURE

Medicare-covered benefits (for chronic low back pain)
Covered visits per year (use within 90 consecutive days)
12 visits

Routine care
Covered visits per year
6 visits

TRANSPORTATION

To in-network appointments
Covered visits per year (one-way trips)
6 one-way trips

SILVERFIT® FITNESS PROGRAM

Home fitness kits (2 per year)

Annual gym memberships (must use gyms in the SilverFit* network)

OVER-THE-COUNTER DRUGS

Allowance

Prescription Benefits

Initial Coverage

Our plan uses a formulary. You can get your prescriptions filled through an in-network retail pharmacy, out-of-network pharmacy, mail order pharmacy or LTPAC pharmacy. Until the total cost of Part D-covered drugs paid by you and us (and any other Part D plan) reaches $4,130 in 2021, you will pay the amount(s) listed.

COVERAGE GAP: After your total yearly drug costs reach $4,130, you receive limited coverage by the plan on certain drugs. You will also receive a discount on brand name drugs and generally 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 $6,550. 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 $6,550 in 2021, you pay the greater of 5% co-insurance or $3.70 co-pay for generic (including brand name drugs treated as generic) and an $9.20 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) 31-day transition fills of Part D prescription medications, during the first 90 days of new membership in our plan.

ENHANCED BENEFITS — OPTION A

$44.90 in additional premium per month (optional)

DENTAL COVERAGE (Delta Dental™ — $1,000 max/year)
Preventive $0
Comprehensive 20%-50% co-insurance

VISION COVERAGE (MESVision®)
Yearly routine eye exam $10 co-pay
Eyewear (coverage limit is $460) $25 co-pay

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

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