2021 PLAN OPTIONS

ASPIRE HEALTH PLAN

in collaboration with

Community Hospital of the Monterey Peninsula, Montage Health

Salinas Valley Memorial Healthcare System

Your Medicare Advantage.
All-in-one plans. Exceptional service. Great value.

BENEFIT	Aspire Health Value (HMO)	Aspire Health Advantage (HMO)	Aspire Health Plus (HMO-POS)
	YOU PAY	YOU PAY	YOU PAY
Monthly plan premium	$52	$139	$269
Out-of-pocket limit (in-network Medicare-covered benefits)	$7,550 in network	$6,000 in network	$3,450 in and out of service area combined
Annual Part C deductible (all services except for prescription drugs)	$0	$0	$0
Out-of-service area cost	N/A	N/A	20% co-insurance
DOCTOR OFFICE VISITS	IN NETWORK	IN NETWORK	IN NETWORK
Primary care physician (PCP)	$15 co-pay	$5 co-pay	$0 co-pay
Specialty care physician	$45 co-pay	$30 co-pay	$20 co-pay
INPATIENT CARE			
Inpatient hospital (acute)	Days 1-6: $335 per day Days 7-90: $0 per day	Days 1-6: $275 per day Days 7-90: $0 per day	Days 1-5: $250 per day Days 6-90: $0 per day
Skilled Nursing Facility (SNF)	Days 1-20: $0 per day Days 21-100: $184 per day	Days 1-20: $0 per day Days 21-100: $100 per day	Days 1-20: $20 per day Days 21-100: $50 per day
OUTPATIENT CARE			
Outpatient hospital surgery/Ambulatory Surgical Center (ASC) services	$300 co-pay	$60-$275 co-pay	$40-$200 co-pay
Home health services (must meet medical necessity criteria)	$0	$0	$0
Outpatient mental health (individual/group)	$35 co-pay	$15 co-pay	$0
Outpatient substance abuse (individual/group)	$35 co-pay	$15 co-pay	$0
24/7 CARE (COMMON MEDICAL CONDITIONS)			
Telehealth visit	$0	$0	$0
EMERGENCY SERVICES			
Urgently needed care (waived if admitted within 24 hours)	$45 co-pay	$30 co-pay	$0 in and out of service area
Emergency care (waived if admitted within 24 hours)	$90 co-pay	$90 co-pay	$90 in and out of service area
Ambulance, ground (when medically necessary, waived if admitted within 24 hours)	$300 co-pay	$250 co-pay	$200 co-pay
LAB SERVICES AND DIAGNOSTIC TESTS			
Diagnostic tests and procedures	$20 co-pay	$10 co-pay	$0
Lab services	$20 co-pay	$10 co-pay	$0
X-rays	$20 co-pay	$10 co-pay	$0
Diagnostic radiology	$90-$250 co-pay	$60-$150 co-pay	$30-$100 co-pay
Therapeutic radiology	20% co-insurance	20% co-insurance	20% co-insurance
MEDICAL EQUIPMENT AND SUPPLIES			
Durable Medical Equipment (DME)	20% co-insurance	20% co-insurance	20% co-insurance
Diabetes — monitoring, supplies, and therapeutic shoes	$0	$0	$0
REHABILITATION SERVICES			
Speech, physical, occupational, cardiac, pulmonary therapy	$25 co-pay	$15 co-pay	$0
PART B DRUGS			
All, including chemotherapy	20% co-insurance	20% co-insurance	20% co-insurance
WELLNESS EXAMS AND SCREENINGS			
Medicare covered preventive services	$0	$0	$0
Influenza vaccine (1 per year)	$0	$0	$0
Mammogram (1 per year)	$0	$0	$0
VISION			
Diagnostic screenings (Medicare-covered benefits)	$45 co-pay	$30 co-pay	$0
HEARING			
Diagnostic hearing exams (Medicare-covered benefits)	$45 co-pay	$30 co-pay	$0

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

ADDITIONAL BENEFITS	Aspire Health Value (HMO) IN NETWORK	Aspire Health Advantage (HMO) IN NETWORK	Aspire Health Plus (HMO-POS) IN NETWORK	Aspire Health Plus (HMO-POS) OUT OF SERVICE AREA
CHIROPRACTIC SERVICES				
Medicare-covered benefits (manipulation of spine to correct subluxation)	$10 co-pay	$10 co-pay	$0	20% co-insurance
Routine care (limited to specific treatment codes)	$20 co-pay	$10 co-pay	$0	Not covered
Covered visits per year	4 visits	6 visits	12 visits	Not covered
ACUPUNCTURE				
Medicare-covered benefits (for chronic low back pain)	$0	$0	$0	20% co-insurance
Covered visits per year (use within 90 consecutive days)	12 visits	12 visits	12 visits	12 visits
Routine care	$20 co-pay	$10 co-pay	$0	Not covered
Covered visits per year	4 visits	6 visits	12 visits	Not covered
TRANSPORTATION				
To in-network appointments	$0	$0	$0	Not covered
Covered visits per year (one-way trips)	6 one-way trips	12 one-way trips	12 one-way trips	Not covered
SILVER&FIT® FITNESS PROGRAM				
Home fitness kits (2 per year)	$10	$10	$0	
Annual gym memberships (must use gyms in the Silver&Fit® network)	$50 annual member fee	$25 annual member fee	$0	
OVER-THE-COUNTER DRUGS				
Allowance	N/A	N/A	$30 per quarter	

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 through a long term care pharmacy. Until the total cost of Part D-covered drugs paid by you and us (and any other Part D plan) reaches $4,130 in 2021, you will pay the amount(s) listed.

	Aspire Health Value (HMO) Deductible: $445 (Tiers 3, 4, 5 and 6)	Aspire Health Advantage (HMO) Deductible: $150 brand name & specialty drugs (Tiers 3, 4, 5)	Aspire Health Plus (HMO-POS) No deductible
30-day retail co-pays			
Tier 1: Preferred generic	$9 co-pay	$4 co-pay	$0
Tier 2: Generic	$18 co-pay	$8 co-pay	$10 co-pay
Tier 3: Preferred brand	$47 co-pay	$45 co-pay	$42 co-pay
Tier 4: Non-preferred drug	$100 co-pay	$95 co-pay	$90 co-pay
Tier 5: Specialty-tier	25% co-insurance	30% co-insurance	33% co-insurance
Tier 6: Select insulins	$11 co-pay	$11 co-pay	$11 co-pay
90-day co-pays (mail order)			
Tier 1: Preferred generic	$18 co-pay	$8 co-pay	$0
Tier 2: Generic	$36 co-pay	$16 co-pay	$20 co-pay
Tier 3: Preferred brand	$94 co-pay	$90 co-pay	$84 co-pay
Tier 4: Non-preferred drug	$200 co-pay	$190 co-pay	$180 co-pay
Tier 5: Specialty-tier*	25% co-insurance	30% co-insurance	33% co-insurance
Tier 6: Select insulins	$22 co-pay	$22 co-pay	$22 co-pay
GAP Coverage	N/A	Tier 1, 2	Tier 1, 2

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 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 $6,550. 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.

*Available through mail order in a 30-day supply only.

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

ENHANCED BENEFITS — OPTION B

$49.90 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
HEARING COVERAGE (TruHearing™)	
Yearly routine hearing exam	$20 co-pay
Hearing aids (per hearing aid)	$599 or $899
TRANSPORTATION (to in-network appointments)	
Additional 10 one-way rides	$0
POST-DISCHARGE HOME-DELIVERED MEALS	
Offered through Mom's Meals NourishCare®. Meal benefit must be requested within 14 days of an inpatient hospital or skilled nursing facility stay.	
14 refrigerated meals (2 meals per day for 7 days, customized to the member's preference)	$0

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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