



2021 Enhanced Benefits



ASPIREHEALTHPLAN

in collaboration with



Community Hospital
of the Monterey Peninsula
Montage Health



Salinas Valley
Memorial
Healthcare System

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

This is a summary of optional Enhanced Benefits covered by Aspire Health Plan (HMO) January 1, 2021–December 31, 2021. Aspire Health Plan is an HMO plan sponsor with a Medicare contract. Enrollment in Aspire Health Plan depends on contract renewal. H8764_MKT_EB_0820_M

Add to your healthcare coverage with an Enhanced Benefits 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 packages

Option A

\$44.90 additional premium per month

- Includes dental and vision



Option B

\$49.90 additional premium per month

- Includes dental, vision, hearing, transportation, and meals



Either package can be added to any one of our Aspire plans.

Enhanced Benefits — Option A \$44.90 additional premium per month



DENTAL BENEFIT

Network: Delta Dental™ Medicare Advantage Network for Aspire Health Plan
Coverage: Our plan pays up to \$1,000 every year

INCLUDES:

Preventive: \$0

- 2 oral exams per calendar year
- 2 cleanings per calendar year
- 1 set of bitewing X-rays per calendar year

Comprehensive: 20% or 50% co-insurance

Comprehensive covered at 20% co-insurance:

- Basic restorative
- Simple extractions
- Fillings
- Denture repair and relining

Comprehensive covered at 50% co-insurance:

- Oral surgery
- Root canals
- Crowns
- Dentures
- Implants

This is a partial list of covered dental procedures. For a complete list please refer to the Evidence of Coverage.



VISION BENEFIT

Network: MESVision®

Coverage: \$460 in vision benefits every 12 months

INCLUDES:

Routine Eye Exam: \$10 co-pay (1 every 12 months from last date of service)

Eyewear Materials: \$25 co-pay (1 pair frames, lenses, or contacts every 12 months)

- Frame allowance up to a retail cost of \$150 total
- Contact lens allowance of \$150 in lieu of frames and lenses
- Standard CR29 single, bifocal, trifocal, and standard progressive lenses covered in full
- \$120 allowance for premium progressive lenses
- \$85 allowance for polycarbonate lenses
- \$70 allowance for photochromic lenses
- \$35 allowance for anti-reflective coating
- Maximum plan benefit coverage amount is per 12 months from last date of service

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

Enhanced Benefits — Option B \$49.90 additional premium per month



DENTAL BENEFIT

Network: Delta Dental™ Medicare Advantage Network for Aspire Health Plan
Coverage: Our plan pays up to \$1,000 every year

INCLUDES:

Preventive: \$0

- 2 oral exams per calendar year
- 2 cleanings per calendar year
- 1 set of bitewing X-rays per calendar year

Comprehensive: 20% or 50% co-insurance

Comprehensive covered at 20% co-insurance:

- Basic restorative
- Simple extractions
- Fillings
- Denture repair and relining

Comprehensive covered at 50% co-insurance:

- Oral surgery
- Root canals
- Crowns
- Dentures
- Implants

This is a partial list of covered dental procedures. For a complete list please refer to the Evidence of Coverage.



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- \$70 allowance for photochromic lenses
- \$35 allowance for anti-reflective coating
- Maximum plan benefit coverage amount is per 12 months from last date of service

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

Enhanced Benefits — Option B \$49.90 additional premium per month



HEARING BENEFIT

Network: TruHearing™ Network

INCLUDES:

Routine Hearing Exam: \$20 co-pay

1 per calendar year

Hearing Aids: Up to 2 TruHearing™-branded hearing aids per year, 1 per ear

- Advanced hearing aid: \$599 co-pay
- Premium hearing aid: \$899 co-pay

- Hearing aid purchase includes:
 - » 3 provider visits within 1st year of hearing aid purchase
 - » 45-day trial period
 - » 3-year extended warranty
 - » 48 batteries per aid for non-rechargeable models
 - » Rechargeable battery option on premium model at no additional cost



TRANSPORTATION BENEFIT

INCLUDES:

10 additional one-way trips: \$0

per calendar year to routine in-network appointments

Must be scheduled at least 3 business days in advance.
Please contact Member Services to arrange transportation



MEAL BENEFITS

Network: Mom's Meals NourishCare®

INCLUDES:

Home delivered meals following discharge from acute stay: \$0

- 14 refrigerated meals, 2 meals per day for 7 days
- Delivered direct to home
- Customized to member's preference
- Must be requested within 14 days of inpatient hospital or SNF stay
- Benefit is per stay

Please contact Member Services to arrange delivery.



Important phone numbers

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)



ASPIRE HEALTH PLAN

Your Medicare Advantage.

All-in-one plans. Exceptional service. Great value.

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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).

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Member Services (855) 570-1600 (TTY:711)
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www.aspirehealthplan.org