



**2021**  
**Summary of Benefits**  
**January 1-December 31**



**ASPIRE HEALTH PLAN**

in collaboration with



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

This is a summary of drug and health services 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\_SB\_0820\_M

# Summary of Benefits

Aspire Health Plan service area zip codes include: 93426, 93450, 93901, 93902, 93905, 93906, 93907, 93908, 93912, 93915, 93920, 93921, 93922, 93923, 93924, 93925, 93926, 93927, 93928, 93930, 93932, 93933, 93940, 93942, 93943, 93944, 93950, 93953, 93954, 93955, 93960, 93962, 95004, 95012, 95039, 93451, 95076

| BENEFIT   | ASPIRE HEALTH VALUE (HMO)  |
|---|--|
| <b>MONTHLY PREMIUM, DEDUCTIBLE, AND LIMITS ON HOW MUCH YOU</b>                    |  |
| <b>Monthly Plan Premium</b>   | \$52.00 monthly plan premium in addition to your monthly Part B premium.   |
| <b>Medical Services Deductible</b>  | This plan does not have a deductible.  |
| <b>Maximum Out-of-pocket responsibility (does not include prescription drugs)</b> | <p>\$7,550 annually.</p> <p>The most you pay for co-pays, co-insurance and other costs for Medicare covered benefits for the year for services you receive from in-network providers.</p> <p>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.</p>  |
| <b>Inpatient Hospital Coverage<sup>1</sup></b>                                    | <p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>You pay \$335 co-pay per day for days 1 through 6.</p> <p>You pay nothing per day for days 7 through 90.</p> <p>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.</p> |
| <p>Note: Services with a <sup>1</sup> may require prior authorization.</p>        |  |

**ASPIRE HEALTH ADVANTAGE (HMO)**

**ASPIRE HEALTH PLUS (HMO-POS)**

**PAY FOR COVERED SERVICES**

\$139.00 monthly plan premium in addition to your monthly Part B premium.

\$269.00 monthly plan premium in addition to your monthly Part B premium.

This plan does not have a deductible.

This plan does not have a deductible.

\$6,000 annually.

The most you pay for co-pays, co-insurance and other costs for Medicare covered benefits 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.

\$3,450 In and out of service area combined.

The most you pay for co-pays, co-insurance and other costs for Medicare-covered benefits for the year.

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.

Our plan covers 90 days for an inpatient hospital stay.

You pay \$275 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.

Our plan covers 90 days for an inpatient hospital stay.

**In network:** You pay \$250 co-pay per day for days 1 through 5.

You pay nothing per day for days 6 through 90.

**Out of network\*:** You pay 20% co-insurance for days 1-90.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan’s service area of Monterey County, California.

**Benefit notes:** 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.

**BENEFIT****ASPIRE HEALTH VALUE (HMO)****Outpatient Hospital Coverage<sup>1</sup>**

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 \$15 co-pay per visit.

**» Specialists**

Specialist visit: You pay \$45 co-pay per visit.

## ASPIRE HEALTH ADVANTAGE (HMO)

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 \$60 co-pay per date of service.

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

Primary care visit: You pay \$5 co-pay per visit.

Specialist visit: You pay \$30 co-pay per visit.

## ASPIRE HEALTH PLUS (HMO-POS)

### **In network:**

Outpatient hospital: You pay \$200 co-pay or 20% of the cost, depending on the service.

Ambulatory surgical center or outpatient surgery: You pay \$200 co-pay per date of service.

Diagnostic colonoscopy and endoscopy surgical procedures: You pay \$40 co-pay per date of service.

Other outpatient hospital services, including outpatient IV Therapy and transfusion services: 20% co-insurance

**Out of network\*:** You pay 20% co-insurance for ambulatory surgical center services, outpatient hospital services including outpatient surgery, outpatient IV therapy, and transfusion services.

\*Out-of-network coverage is restricted to Medicare-eligible 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 \$20 co-pay per visit.

### **Out of network\*:**

Primary care visit:  
You pay 20% co-insurance per visit.

Specialist visit:  
You pay 20% co-insurance per visit.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

**BENEFIT****ASPIRE HEALTH VALUE (HMO)****Preventive Care**

You pay nothing.

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse screening & counseling
- Bone mass measurement (bone density)
- Cardiovascular disease screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings
- Depression screening
- Diabetes screening
- Flu shot
- Glaucoma test
- Lung cancer screening
- Mammogram screening
- Obesity screening and counseling
- Prostate cancer screening
- Tobacco use cessation counseling
- Yearly wellness visit

**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 screening & counseling
- Bone mass measurement (bone density)
- Cardiovascular disease screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings
- Depression screening
- Diabetes screening
- Flu shot
- Glaucoma test
- Lung cancer screening
- Mammogram screening
- Obesity screening and counseling
- Prostate cancer screening
- Tobacco use cessation counseling
- Yearly wellness visit

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 20% co-insurance.

Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse screening & counseling
- Bone mass measurement (bone density)
- Cardiovascular disease screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings
- Depression screening
- Diabetes screening
- Flu shot
- Glaucoma test
- Lung cancer screening
- Mammogram screening
- Obesity screening and counseling
- Prostate cancer screening
- Tobacco use cessation counseling
- Yearly wellness visit

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

**In network:** You pay \$90 co-pay per visit.

**Out of network:** You pay \$90 co-pay per visit.

**Benefit notes:** 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.

**BENEFIT****ASPIRE HEALTH VALUE (HMO)****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<sup>1</sup>**

Complex diagnostic radiology services (such as CT, PET, MRI, MRA, Nuclear Medicine, Angiography): You pay \$250 co-pay per service.

**» Diagnostic radiology service**

General diagnostic radiology services:  
You pay \$90 co-pay per service.

**» Therapeutic radiology service**

Therapeutic radiology services  
(such as radiation treatment for cancer):  
You pay 20% co-insurance per service.

**» Lab services**

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

**» Diagnostic tests and procedures**

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

**» Outpatient X-rays**

Outpatient X-rays: You pay \$20 co-pay per X-ray.



## ASPIRE HEALTH ADVANTAGE (HMO)

You pay \$30 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.

Complex diagnostic radiology services (such as CT, PET, MRI, MRA, Nuclear Medicine, Angiography): You pay \$150 co-pay per service.

General diagnostic radiology services:  
You pay \$60 co-pay per service.

Therapeutic radiology services (such as radiation treatment for cancer):  
You pay 20% co-insurance per service.

Lab services: You pay \$10 co-pay per service.

Diagnostic tests and procedures:  
You pay \$10 co-pay per service.

Outpatient X-rays: You pay \$10 co-pay per X-ray.

## 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-eligible practitioners and Medicare-covered services accessed outside of the plan’s service area of Monterey County, California.

**Benefit notes:** 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.

**In network:** Complex diagnostic radiology services (such as CT, PET, MRI, MRA, Nuclear Medicine, Angiography): You pay \$100 co-pay per service.

General diagnostic radiology services:  
You pay \$30 co-pay per service.

Therapeutic radiology services (such as radiation treatment for cancer): You pay 20% co-insurance per service.

Lab services: You pay nothing per service.

Diagnostic tests and procedures:  
You pay nothing per service.

Outpatient X-rays: You pay nothing per X-ray.

**Out of network\*:** You pay 20% co-insurance for each service.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan’s service area of Monterey County, California.

**BENEFIT****ASPIRE HEALTH VALUE (HMO)****Hearing Services****» Hearing exam**

You pay \$45 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.

**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.

## ASPIRE HEALTH ADVANTAGE (HMO)

You pay \$30 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.

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.

## ASPIRE HEALTH PLUS (HMO-POS)

**In network:** You pay nothing.

**Out of network\*:** You pay 20% co-insurance.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

**Benefit notes:** 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.

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.

**BENEFIT**

**ASPIRE HEALTH VALUE (HMO)**

**Vision Services<sup>1</sup>**

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):  
You pay \$45 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)

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):  
You pay \$30 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)

### **In 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.

### **Out of network\*:**

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening):  
You pay 20% co-insurance.

Medically necessary eyeglasses or contact lenses after cataract surgery: You pay 20% co-insurance, prior authorization required

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

**Benefit notes:** 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.

## BENEFIT

### Mental Health Services<sup>1</sup>

#### » Inpatient

#### » Outpatient group therapy visit

#### » Outpatient individual therapy visit

## ASPIRE HEALTH VALUE (HMO)

Inpatient visit:

You pay \$335 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.

## ASPIRE HEALTH ADVANTAGE (HMO)

Inpatient visit:  
You pay \$275 co-pay per day for days 1 through 6.

You pay nothing per day for days 7 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 \$15 co-pay.

Outpatient individual therapy visit:  
You pay \$15 co-pay.

## ASPIRE HEALTH PLUS (HMO-POS)

### **In network:**

Inpatient visit: You pay \$250 co-pay per day for days 1 through 5.

You pay nothing per day for days 6 through 90.

Outpatient group therapy visit: You pay nothing.

Outpatient individual therapy visit:  
You pay nothing.

### **Out of network\*:**

Inpatient visit: You pay 20% co-insurance per day for days 1 through 90.

Outpatient group therapy visit:  
You pay 20% co-insurance.

Outpatient individual therapy visit:  
You pay 20% co-insurance.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

**Benefit notes:** 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.

**BENEFIT****ASPIRE HEALTH VALUE (HMO)****Skilled Nursing Facility<sup>1</sup>**

You pay nothing per day for days 1 through 20.

\$184 co-pay per day for days 21 through 100.

Our plan covers up to 100 days in a SNF.

**Rehabilitation Services<sup>1</sup>****» Cardiac (heart) rehab visit**

Cardiac (heart) rehab services:  
You pay \$25 co-pay for each visit.

**» Occupational therapy visit**

Occupational therapy visit:  
You pay \$25 co-pay for each visit.

**» Physical therapy, speech therapy,  
and language therapy visit**

Physical therapy, speech therapy, and language  
therapy visit: You pay \$25 co-pay for each visit.



## 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.

## ASPIRE HEALTH PLUS (HMO-POS)

Our plan covers up to 100 days in a SNF.

### **In network:**

You pay \$20 per day for days 1 through 20.

You pay \$50 per day for days 21-100.

**Out of network\*:** You pay 20% co-insurance per day for days 1 through 100.

\*Out-of-network coverage is restricted to Medicare-eligible 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 20% co-insurance.

Occupational therapy visit:  
You pay 20% co-insurance.

Physical therapy, speech therapy, and language therapy visit: You pay 20% co-insurance.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

| BENEFIT   | ASPIRE HEALTH VALUE (HMO)  |
|---|--|
| <p><b>Ambulance<sup>1</sup></b></p>             | <p>You pay \$300 co-pay via ground transportation.<br/>You pay 20% co-insurance via air transportation.</p> <p>If you are admitted to the hospital within 24 hours, you do not have to pay for the ambulance services.</p> <p>You must receive Authorization from plan prior to utilization of non-emergency ambulance services.</p> |
| <p><b>Transportation<sup>1</sup></b></p>        | <p>You pay nothing.</p> <p>6 one-way trips each year to routine in-network appointments.</p> <p>To arrange transportation, please contact the plan 3 business days in advance to allow for proper scheduling.</p>  |
| <p><b>Medicare Part B Drugs<sup>1</sup></b></p> | <p>You pay 20% of the cost for Medicare-covered Part B prescription drugs.</p> <p>You pay 20% co-insurance for each Medicare-covered outpatient chemotherapy treatment, per day.</p>   |

## ASPIRE HEALTH ADVANTAGE (HMO)

You pay \$250 co-pay via ground transportation.  
You pay 20% co-insurance via air transportation.

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.

You pay nothing.

12 one-way trips each year to routine in-network appointments.

To arrange transportation, please contact the plan 3 business days in advance to allow for proper scheduling.

You pay 20% of the cost for Medicare-covered Part B prescription drugs.

You pay 20% co-insurance for each Medicare-covered outpatient chemotherapy treatment, per day.

## ASPIRE HEALTH PLUS (HMO-POS)

**In network:** You pay \$200 co-pay via ground transportation.

You pay 20% co-insurance via air transportation.

**Out of network\*:** You pay 20% co-insurance.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

**Benefit notes:** You must receive Authorization from plan prior to utilization of non-emergency ambulance services.

**In network:** You pay nothing.

12 one-way trips each year to routine in-network appointments.

To arrange transportation, please contact the plan 3 business days in advance to allow for proper scheduling.

**Out of network:** Routine transportation is not covered out of network

**In network:** You pay 20% of the cost for Medicare-covered Part B prescription drugs.

You pay 20% co-insurance for each Medicare-covered outpatient chemotherapy treatment, per day

**Out of network\*:** You pay 20% co-insurance.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

**BENEFIT****ASPIRE HEALTH VALUE (HMO)****Ambulatory Surgery Center<sup>1</sup>**

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

**Foot Care (podiatry services)**

Foot exams and treatment if you have  
diabetes-related nerve damage and/or meet  
certain conditions: You pay \$45 co-pay.

**Medical Equipment/Supplies<sup>1</sup>**

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

## ASPIRE HEALTH ADVANTAGE (HMO)

Ambulatory surgical center or outpatient surgery:  
You pay \$275 co-pay per date of service.

Foot exams and treatment if you have  
diabetes-related nerve damage and/or meet  
certain conditions: You pay \$30 co-pay.

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

## ASPIRE HEALTH PLUS (HMO-POS)

**In network:**

Ambulatory surgical center or outpatient surgery:  
You pay \$200 co-pay per date of service.

**Out of network\*:** You pay 20% co-insurance.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

Foot exams and treatment if you have  
diabetes-related nerve damage and/or meet  
certain conditions.

**In network:** You pay nothing.

**Out of network\*:** You pay 20% co-insurance.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

**In network:** You pay 20% of the cost for each  
durable medical equipment or supply.

**Out of network\*:** You pay 20% co-insurance.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

| BENEFIT                                     | ASPIRE HEALTH VALUE (HMO)   |
|---|---|
| <p><b>Wellness Programs<sup>1</sup></b></p> | <p><b>Health and Wellness Education Programs</b></p> <p>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.</p> |
| <p><b>Fitness Benefit</b></p>               | <p><b>Silver&amp;Fit<sup>®</sup></b></p> <p>You pay an annual member fee of \$50 for fitness center access or an annual member fee of \$10 for two home fitness kits and one Stay Fit kit.</p>  |
| <p><b>Acupuncture</b></p>                   | <p>Medicare-covered visit for chronic low back pain: You pay \$0 per visit for up to 12 visits in 90 days, with no more than 20 treatments annually.</p> <p>Routine acupuncture: You pay \$20 per visit (for up to 4 visits every year).</p>  |

## ASPIRE HEALTH ADVANTAGE (HMO)

### 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 and one Stay Fit kit.

Medicare-covered visit for chronic low back pain: You pay \$0 per visit for up to 12 visits in 90 days, with no more than 20 treatments annually.

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

## ASPIRE HEALTH PLUS (HMO-POS)

### 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 \$0 for fitness center access or an annual member fee of \$0 for two home fitness kits and one Stay Fit kit.

### In network:

Medicare-covered visit for chronic low back pain: You pay \$0 per visit for up to 12 visits in 90 days, with no more than 20 treatments annually.

Routine acupuncture: You pay nothing per visit (for up to 12 visits every year).

### Out of network\*:

Medicare-covered visit for chronic low back pain: You pay 20% of the cost per visit for up to 12 visits in 90 days, with no more than 20 treatments annually.

Routine acupuncture: Not covered.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

**BENEFIT****ASPIRE HEALTH VALUE (HMO)****Chiropractic Care**

Medicare-covered visit for 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: You pay a \$20 co-pay per visit (for up to 4 visits every year)

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.

Diabetic monitoring supplies are limited to Abbott Diabetes Care, the maker of FreeStyle and Precision brand products.



## ASPIRE HEALTH ADVANTAGE (HMO)

Medicare-covered visit for 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: You pay a \$10 co-pay per visit (for up to 6 visits every year)

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.

Diabetic monitoring supplies are limited to Abbott Diabetes Care, the maker of FreeStyle and Precision brand products.

## ASPIRE HEALTH PLUS (HMO-POS)

### **In network:**

Medicare-covered visit for 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 : You pay nothing (for up to 12 visits every year)

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\*:**

Medicare-covered visit for manipulation of the spine to correct a subluxation (when 1 or more of the bones of your spine move out of position): You pay 20% co-insurance.

Routine chiropractic care is not covered out of network.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

**In network:** You pay nothing for diabetes monitoring supplies, diabetes self-management training, therapeutic shoes and inserts.

**Out of network\*:** You pay 20% co-insurance for diabetes monitoring supplies, diabetes self-management training, therapeutic shoes and inserts.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

**Benefit notes:** Diabetic monitoring supplies are limited to Abbott Diabetes Care, the maker of FreeStyle and Precision brand products.

| BENEFIT   | ASPIRE HEALTH VALUE (HMO)   |
|---|---|
| <p><b>Home Health Care<sup>1</sup></b></p>  | <p>You pay nothing.</p> <p>Our plan covers the costs of Medicare-covered home health services.</p>                |
| <p><b>Outpatient Substance Abuse<sup>1</sup></b></p>                              | <p>Group therapy visit: You pay \$35 co-pay.</p> <p>Individual therapy visit: You pay \$35 co-pay.</p>            |
| <p><b>Prosthetic Devices<br/>(braces, artificial limbs, etc.)<sup>1</sup></b></p> | <p>Prosthetic devices: You pay 20% of the cost.</p> <p>Related medical supplies:<br/>You pay 20% of the cost.</p> |

## ASPIRE HEALTH ADVANTAGE (HMO)

You pay nothing.

Our plan covers the costs of Medicare-covered home health services.

Group therapy visit: You pay \$15 co-pay.

Individual therapy visit: You pay \$15 co-pay.

Prosthetic devices: You pay 20% of the cost.

Related medical supplies:  
You pay 20% of the cost.

## ASPIRE HEALTH PLUS (HMO-POS)

**In network:** You pay nothing.

**Out of network\*:** You pay 20% co-insurance.

Our plan covers the costs of Medicare-covered home health services.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

**In network:**

Group therapy visit: You pay nothing.

Individual therapy visit: You pay nothing.

**Out of network\*:**

Group therapy visit: You pay 20% co-insurance.

Individual therapy visit:  
You pay 20% co-insurance.

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

**In network:**

Prosthetic devices: You pay 20% of the cost.

Related medical supplies:  
You pay 20% of the cost

**Out of network\*:**

Prosthetic devices: You pay 20% of the cost.

Related medical supplies:  
You pay 20% of the cost

\*Out-of-network coverage is restricted to Medicare-eligible practitioners and Medicare-covered services accessed outside of the plan's service area of Monterey County, California.

| BENEFIT                      | ASPIRE HEALTH VALUE (HMO)  |
|------------------------------|--|
| Renal Dialysis               | You pay nothing.   |
| Hospice                      | 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. |
| Over-the-counter (OTC) items | Not available  |

## 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.

Not available

## ASPIRE HEALTH PLUS (HMO-POS)

**In network:** You pay nothing.

**Out of network\*:** You pay 20% co-insurance.

\*Out-of-network coverage is restricted to Medicare-eligible 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.

**In network:**

You pay \$0 for non-prescription OTC health related items like vitamins, pain relievers, cough/cold medicine, and first aid supplies when ordered through the 2021 OTC catalogue.

You have \$30 every quarter to spend on plan-approved OTC items.

Any quarterly balance will not roll over to the next quarter.

## BENEFIT

### Telehealth

## ASPIRE HEALTH VALUE (HMO)

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
- Cold, sinus infection, or influenza (flu)
- Hay fever/allergies
- Acne
- Athlete's foot
- 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](http://www.aspirehealthplan.org/telehealth)

## ASPIRE HEALTH ADVANTAGE (HMO)

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
- Cold, sinus infection, or influenza (flu)
- Hay fever/allergies
- Acne
- Athlete's foot
- 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:  
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## ASPIRE HEALTH PLUS (HMO-POS)

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)
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- Cold, sinus infection, or influenza (flu)
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- Athlete's foot
- Eczema
- Shingles (herpes zoster)
- Tinea (fungal skin infection)
- Unknown or other skin condition
- Ingrown toenail
- Jock itch
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- Constipation and/or diarrhea (irritable bowel syndrome)
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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](http://www.aspirehealthplan.org/telehealth)

**ASPIRE HEALTH VALUE (HMO)**

**ASPIRE HEALTH ADVANTAGE (HMO)**

**OUTPATIENT PRESCRIPTION DRUG BENEFITS**

**Initial Coverage**

You pay the full cost of drugs on tiers 3, 4, 5, and 6 until the yearly deductible of \$445 is met.

**STANDARD RETAIL COST-SHARING**

| <b>Tier</b>                 | <b>One-month supply</b> | <b>Three-month supply</b> |
|-----------------------------|-------------------------|---------------------------|
| Tier 1 (Preferred Generic)  | \$9 co-pay              | \$27 co-pay               |
| Tier 2 (Generic)            | \$18 co-pay             | \$54 co-pay               |
| Tier 3 (Preferred Brand)    | \$47 co-pay             | \$141 co-pay              |
| Tier 4 (Non-Preferred Drug) | \$100 co-pay            | \$300 co-pay              |
| Tier 5* (Specialty Tier)    | 25% of the cost         | 25% of the cost           |
| Tier 6 (Select insulins)    | \$11 co-pay             | \$33 co-pay               |

**STANDARD MAIL ORDER COST-SHARING**

| <b>Tier</b>                 | <b>Three-month supply</b> |
|-----------------------------|---------------------------|
| Tier 1 (Preferred Generic)  | \$18 co-pay               |
| Tier 2 (Generic)            | \$36 co-pay               |
| Tier 3 (Preferred Brand)    | \$94 co-pay               |
| Tier 4 (Non-Preferred Drug) | \$200 co-pay              |
| Tier 5 (Specialty Tier)*    | 25% of the cost           |
| Tier 6 (Select insulins)    | \$22 co-pay               |

**Initial Coverage**

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

**STANDARD RETAIL COST-SHARING**

| <b>Tier</b>                 | <b>One-month supply</b> | <b>Three-month supply</b> |
|-----------------------------|-------------------------|---------------------------|
| Tier 1 (Preferred Generic)  | \$4 co-pay              | \$12 co-pay               |
| Tier 2 (Generic)            | \$8 co-pay              | \$24 co-pay               |
| Tier 3 (Preferred Brand)    | \$45 co-pay             | \$135 co-pay              |
| Tier 4 (Non-Preferred Drug) | \$95 co-pay             | \$285 co-pay              |
| Tier 5* (Specialty Tier)    | 30% of the cost         | 30% of the cost           |
| Tier 6 (Select insulins)    | \$11 co-pay             | \$33 co-pay               |

**STANDARD MAIL ORDER COST-SHARING**

| <b>Tier</b>                 | <b>Three-month supply</b> |
|-----------------------------|---------------------------|
| Tier 1 (Preferred Generic)  | \$8 co-pay                |
| Tier 2 (Generic)            | \$16 co-pay               |
| Tier 3 (Preferred Brand)    | \$90 co-pay               |
| Tier 4 (Non-Preferred Drug) | \$190 co-pay              |
| Tier 5 (Specialty Tier)*    | 30% of the cost           |
| Tier 6 (Select insulins)    | \$22 co-pay               |

\* Available in a 30-day supply only.

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 PLUS (HMO-POS)

### OUTPATIENT PRESCRIPTION DRUG BENEFITS

#### Initial Coverage

This plan does not have a yearly deductible.

#### STANDARD RETAIL COST-SHARING

| Tier                        | One-month supply | Three-month supply |
|-----------------------------|------------------|--------------------|
| Tier 1 (Preferred Generic)  | \$0              | \$0                |
| Tier 2 (Generic)            | \$10 co-pay      | \$30 co-pay        |
| Tier 3 (Preferred Brand)    | \$42 co-pay      | \$126 co-pay       |
| Tier 4 (Non-Preferred Drug) | \$90 co-pay      | \$270 co-pay       |
| Tier 5* (Specialty Tier)    | 33% of the cost  | 33% of the cost    |
| Tier 6 (Select insulins)    | \$11 co-pay      | \$33 co-pay        |

#### STANDARD MAIL ORDER COST-SHARING

| Tier                        | Three-month supply |
|-----------------------------|--------------------|
| Tier 1 (Preferred Generic)  | \$0                |
| Tier 2 (Generic)            | \$20 co-pay        |
| Tier 3 (Preferred Brand)    | \$84 co-pay        |
| Tier 4 (Non-Preferred Drug) | \$180 co-pay       |
| Tier 5 (Specialty Tier)*    | 33% of the cost    |
| Tier 6 (Select insulins)    | \$22 co-pay        |

\* Available in a 30-day supply only.

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 \$4,130, 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.

#### 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.

# 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.

## 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, 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 co-pay, one hearing aid per ear, per year

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.

# 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](http://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 next calendar year.
- 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.

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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](http://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). 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.



# ASPIRE HEALTH PLAN

**Your Medicare Advantage.**

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

In collaboration with



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