



2022 Summary of Benefits

January 1–December 31

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



ASPIRE HEALTH PLAN

in collaboration with



MONTAGE
Health



Salinas Valley
Memorial
Healthcare System

This is a summary of drug and health services covered by Aspire Health Plan (HMO) January 1, 2022–December 31, 2022. Aspire Health Plan is an HMO plan sponsor with a Medicare contract. Enrollment in Aspire Health Plan depends on contract renewal. H8764_MKT_SB_0821_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

NOTES:

Services with a ¹ may require prior authorization.

*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.

Monthly premium, deductible, and limits on how much you pay for covered services

Monthly plan premium

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
\$52.00 monthly plan premium in addition to your monthly Part B premium.	\$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.

Medical services deductible

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
This plan does not have a deductible.	This plan does not have a deductible.	This plan does not have a deductible.

Maximum out-of-pocket responsibility (does not include prescription drugs)

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
<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>	<p>\$5,000 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>	<p>\$3,450 in and out of service area combined</p> <p>The most you pay for co-pays, co-insurance and other costs for Medicare-covered benefits for the year.</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>

Inpatient hospital coverage¹

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
<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 \$0 co-pay per day for days 7 through 90.</p>	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>You pay \$275 co-pay per day for days 1 through 6.</p> <p>You pay \$0 co-pay per day for days 7 through 90.</p>	<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p>In network: You pay \$250 co-pay per day for days 1 through 5.</p> <p>You pay \$0 co-pay per day for days 6 through 90.</p> <p>Out of network*: You pay 20% co-insurance for days 1 through 90.</p>

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.

Outpatient hospital coverage¹

	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
Outpatient hospital	You pay \$300 co-pay or 20% of the cost, depending on the service.	You pay \$275 co-pay or 20% of the cost, depending on the service.	<p>In network: You pay \$200 co-pay or 20% of the cost, depending on the service.</p> <p>Out of network*: You pay 20% co-insurance.</p>
Ambulatory surgical center or outpatient surgery	You pay \$300 co-pay per date of service.	You pay \$275 co-pay per date of service.	<p>In network: You pay \$200 co-pay per date of service.</p> <p>Out of network*: You pay 20% co-insurance.</p>
Diagnostic colonoscopy and endoscopy surgical procedures	You pay \$300 co-pay per date of service.	You pay \$60 co-pay per date of service.	<p>In network: You pay \$40 co-pay per date of service.</p> <p>Out of network*: You pay 20% co-insurance.</p>
Wound care	You pay \$80 co-pay for each wound care treatment per date of service.	You pay \$60 co-pay for each wound care treatment per date of service.	<p>In network: You pay \$40 co-pay for each wound care treatment per date of service.</p> <p>Out of network*: You pay 20% co-insurance.</p>
Other outpatient hospital services, including outpatient IV therapy and transfusion services	You pay \$50 co-pay.	You pay \$50 co-pay.	<p>In network: You pay \$50 co-pay.</p> <p>Out of network*: You pay 20% co-insurance.</p>

Doctor visits

	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
Primary Care	You pay \$15 co-pay per in-person visit.	You pay \$0 co-pay per in-person visit.	<p>In network: You pay \$0 co-pay per in-person visit.</p> <p>Out of network*: You pay 20% co-insurance per visit.</p>
Specialists	You pay \$45 co-pay per in-person visit.	You pay \$25 co-pay per in-person visit.	<p>In network: You pay \$20 co-pay per in-person visit.</p> <p>Out of network*: You pay 20% co-insurance per visit.</p>
Telehealth	You pay \$0 co-pay.	You pay \$0 co-pay.	<p>In network: You pay \$0 co-pay.</p> <p>Out of network*: You pay \$0 co-pay.</p>

Preventive care

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
There is no co-insurance, co-pay, or deductible for all Original Medicare preventive services.	There is no co-insurance, co-pay, or deductible for all Original Medicare preventive services.	There is no co-insurance, co-pay, or deductible for all Original Medicare preventive services.

Benefit notes: Our plan covers many preventive services, including:

- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Bone mass measurement (bone density)
- Cardiovascular disease screenings
- Cervical and vaginal cancer screening
- Colorectal cancer screenings
- COVID-19 vaccine
- 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

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
You pay \$90 co-pay per visit.	You pay \$90 co-pay per visit.	<p>In network: You pay \$90 co-pay per visit.</p> <p>Out of network: You pay \$90 co-pay per visit.</p>

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.

Urgently needed services

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
You pay \$45 co-pay per visit.	You pay \$25 co-pay per visit.	<p>In network: You pay \$0 co-pay per visit.</p> <p>Out of network*: You pay \$0 co-pay per visit.</p>

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.

Diagnostic services/labs/imaging¹

	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
Complex diagnostic radiology services (such as CT, PET, MRI, MRA, Nuclear Medicine, Angiography)	You pay \$250 co-pay per service.	You pay \$150 co-pay per service.	In network: You pay \$100 co-pay per service. Out of network*: You pay 20% co-insurance for each service.
General diagnostic radiology services	You pay \$90 co-pay per service.	You pay \$60 co-pay per service.	In network: You pay \$30 co-pay per service. Out of network*: You pay 20% co-insurance for each service.
Therapeutic radiology services (such as radiation treatment for cancer):	You pay 20% co-insurance per service.	You pay 20% co-insurance per service.	In network: You pay 20% co-insurance per service. Out of network*: You pay 20% co-insurance for each service.
Lab services	You pay \$20 co-pay per service.	You pay \$10 co-pay per service.	In network: You pay \$0 co-pay per service. Out of network*: You pay 20% co-insurance for each service.
Diagnostic tests and procedures	You pay \$20 co-pay per service.	You pay \$10 co-pay per service.	In network: You pay \$0 co-pay per service. Out of network*: You pay 20% co-insurance for each service.
Outpatient X-rays	You pay \$20 co-pay per X-ray.	You pay \$10 co-pay per X-ray.	In network: You pay \$0 co-pay per X-ray. Out of network*: You pay 20% co-insurance for each service.

Hearing services

	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
Hearing exam	You pay \$45 co-pay for each Medicare-covered diagnostic hearing exam.	You pay \$25 co-pay for each Medicare-covered diagnostic hearing exam.	In network: You pay \$0 co-pay. Out of network*: You pay 20% co-insurance.
Additional hearing services Please refer to the optional supplemental benefits section for more details.	Available in the Enhanced Benefits — Option B for an additional premium of \$49.90 per month.	Available in the Enhanced Benefits — Option C for an additional premium of \$43.00 per month.	Available in the Enhanced Benefits — Option B for an additional premium of \$49.90 per month.

Dental services

	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	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.	You pay \$0 co-pay for each plan-approved preventive and diagnostic dental service. See Evidence of Coverage for details.	Dental coverage is limited to services covered by Medicare under Medicare Part A hospital and Medicare Part B medical benefits.
Additional dental services Please refer to the optional supplemental benefits section for more details.	Available in the Enhanced Benefits — Options A and B for an additional premium of \$44.90 or \$49.90 per month.	Available in the Enhanced Benefits — Option C for an additional premium of \$43.00 per month.	Available in the Enhanced Benefits — Options A and B for an additional premium of \$44.90 or \$49.90 per month.

Vision services¹

	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	You pay \$45 co-pay.	You pay \$25 co-pay.	<p>In network: You pay \$0 co-pay.</p> <p>Out of network*: You pay 20% co-insurance.</p>
Eyeglasses or contact lenses after cataract surgery	You pay \$0 co-pay, prior authorization required.	You pay \$0 co-pay, prior authorization required.	<p>In network: You pay \$0 co-pay.</p> <p>Out of network*: You pay 20% co-insurance, prior authorization required.</p>
<p>Additional vision services Please refer to the optional supplemental benefits section for more details.</p>	Available in the Enhanced Benefits — Options A and B for an additional premium of \$44.90 or \$49.90 per month.	Available in the Enhanced Benefits — Option C for an additional premium of \$43.00 per month.	<p>Available in the Enhanced Benefits — Options A and B for an additional premium of \$44.90 or \$49.90 per month.</p> <p>Additional services and benefits (not covered by Medicare) are not covered out-of-network.</p>

Mental Health Services¹

	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
Inpatient visit	<p>You pay \$335 co-pay per day for days 1 through 5.</p> <p>You pay \$0 co-pay per day for days 6 through 90.</p>	<p>You pay \$275 co-pay per day for days 1 through 6.</p> <p>You pay \$0 co-pay per day for days 7 through 90.</p>	<p>In network: You pay \$250 co-pay per day for days 1 through 5.</p> <p>You pay \$0 co-pay per day for days 6 through 90.</p> <p>Out of network*: You pay 20% co-insurance per day for days 1 through 90.</p>
Outpatient group therapy visit	You pay \$35 co-pay.	You pay \$15 co-pay.	<p>In network: You pay \$0 co-pay.</p> <p>Out of network*: You pay 20% co-insurance.</p>
Outpatient individual therapy visit	You pay \$35 co-pay.	You pay \$15 co-pay.	<p>In network: You pay \$0 co-pay.</p> <p>Out of network*: You pay 20% co-insurance.</p>

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.

Skilled nursing facility¹

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
<p>You pay \$0 co-pay per day for days 1 through 20.</p> <p>You pay \$184 co-pay per day for days 21 through 100.</p>	<p>You pay \$0 co-pay per day for days 1 through 20.</p> <p>You pay \$100 co-pay per day for days 21 through 100.</p>	<p>In network: You pay \$20 per day for days 1 through 20. You pay \$50 per day for days 21-100.</p> <p>Out of network*: You pay 20% co-insurance per day for days 1 through 100.</p>

Benefit notes: Our plan covers up to 100 days in a skilled nursing facility.

Rehabilitation services¹

	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
Cardiac (heart) rehab services	You pay \$25 co-pay for each visit.	You pay \$15 co-pay for each visit.	<p>In network: You pay \$0 co-pay.</p> <p>Out of network*: You pay 20% co-insurance.</p>
Occupational therapy visit	You pay \$25 co-pay for each visit.	You pay \$15 co-pay for each visit.	<p>In network: You pay \$0 co-pay.</p> <p>Out of network*: You pay 20% co-insurance.</p>
Physical therapy, speech therapy, and language therapy visit	You pay \$25 co-pay for each visit.	You pay \$15 co-pay for each visit.	<p>In network: You pay \$0 co-pay.</p> <p>Out of network*: You pay 20% co-insurance.</p>

Ambulance¹

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
<p>You pay \$300 co-pay via ground transportation.</p> <p>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 pay \$250 co-pay via ground transportation.</p> <p>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>In network: You pay \$200 co-pay via ground transportation.</p> <p>You pay 20% co-insurance via air transportation.</p> <p>Out of network*: You pay \$200 co-pay via ground transportation.</p> <p>You pay 20% co-insurance via air transportation.</p>

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

Transportation¹

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
<p>You pay \$0 co-pay.</p> <p>6 one-way trips each year to routine in-network appointments.</p>	<p>You pay \$0 co-pay.</p> <p>12 one-way trips each year to routine in-network appointments.</p>	<p>In network: You pay \$0 co-pay.</p> <p>12 one-way trips each year to routine in-network appointments.</p> <p>Out of network: Routine transportation is not covered out of network</p>

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

Medicare Part B drugs¹

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
<p>You pay \$50 co-pay for each Medicare-covered non-chemotherapy outpatient Part B prescription drug, per day.</p> <p>You pay 20% co-insurance for each Medicare-covered outpatient chemotherapy treatment, per day.</p>	<p>You pay \$50 co-pay for each Medicare-covered non-chemotherapy outpatient Part B prescription drug, per day.</p> <p>You pay 20% co-insurance for each Medicare-covered outpatient chemotherapy treatment, per day.</p>	<p>In network: You pay \$50 co-pay for each Medicare-covered non-chemotherapy outpatient Part B prescription drug, per day.</p> <p>You pay 20% co-insurance for each Medicare-covered outpatient chemotherapy treatment, per day.</p> <p>Out of network*: You pay 20% co-insurance.</p>

Ambulatory surgical center or outpatient surgery¹

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
<p>You pay \$300 co-pay per date of service.</p>	<p>You pay \$275 co-pay per date of service.</p>	<p>In network: You pay \$200 co-pay per date of service.</p> <p>Out of network*: You pay 20% co-insurance.</p>

Foot care (podiatry services)

	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
<p>Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions</p>	<p>You pay \$45 co-pay.</p>	<p>You pay \$25 co-pay.</p>	<p>In network: You pay \$0 co-pay.</p> <p>Out of network*: You pay 20% co-insurance.</p>

Medical equipment/supplies¹

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
<p>You pay 20% of the cost for each durable medical equipment or supply.</p>	<p>You pay 20% of the cost for each durable medical equipment or supply.</p>	<p>In network: You pay 20% of the cost for each durable medical equipment or supply.</p> <p>Out of network*: You pay 20% co-insurance.</p>

Wellness programs¹

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
<p>Health and wellness education programs</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>Health and wellness education programs</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>Health and wellness education programs</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>

Fitness benefit

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
<p>Silver&Fit®</p> <p>You pay an annual member fee of \$50 for fitness center access or an annual member fee of \$10 for 2 home fitness kits.</p>	<p>Silver&Fit®</p> <p>You pay an annual member fee of \$25 for fitness center access or an annual member fee of \$10 for 2 home fitness kits.</p>	<p>Silver&Fit®</p> <p>You pay an annual member fee of \$0 for fitness center access or an annual member fee of \$10 for 2 home fitness kits.</p>

Acupuncture

	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
<p>Medicare-covered visit for chronic low back pain</p>	<p>You pay \$0 per visit for up to 12 visits in 90 days, with no more than 20 treatments annually.</p>	<p>You pay \$0 per visit for up to 12 visits in 90 days, with no more than 20 treatments annually.</p>	<p>In network: You pay \$0 per visit for up to 12 visits in 90 days, with no more than 20 treatments annually.</p> <p>Out of network*: You pay 20% of the cost per visit for up to 12 visits in 90 days, with no more than 20 treatments annually.</p>
<p>Routine acupuncture</p>	<p>You pay \$20 per visit (for up to 4 visits every year).</p>	<p>You pay \$10 per visit (for up to 6 visits every year).</p>	<p>In network: You pay \$0 co-pay per visit (for up to 12 visits every year).</p> <p>Out of network*: Routine acupuncture is not covered out of network.</p>

Chiropractic care

	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
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 per visit.	You pay a \$10 co-pay per visit.	In network: You pay \$0 co-pay. Out of network*: You pay 20% co-insurance.
Routine chiropractic visit	You pay a \$20 co-pay per visit (for up to 4 visits every year).	You pay a \$10 co-pay per visit (for up to 6 visits every year).	In network: You pay \$0 co-pay (for up to 12 visits every year). Out of network*: Routine chiropractic care is not covered out of network.

Benefit notes: 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

	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
Diabetes monitoring supplies	You pay \$0 co-pay.	You pay \$0 co-pay.	In network: You pay \$0 co-pay. Out of network*: You pay 20% co-insurance.
Diabetes self-management training	You pay \$0 co-pay.	You pay \$0 co-pay.	In network: You pay \$0 co-pay. Out of network*: You pay 20% co-insurance.
Therapeutic shoes or inserts	You pay \$0 co-pay.	You pay \$0 co-pay.	In network: You pay \$0 co-pay. Out of network*: You pay 20% co-insurance.

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

Home health care¹

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
You pay \$0 co-pay.	You pay \$0 co-pay.	<p>In network: You pay \$0 co-pay.</p> <p>Out of network*: You pay 20% co-insurance.</p>

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

Outpatient substance abuse¹

	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
Group therapy visit	You pay \$35 co-pay.	You pay \$15 co-pay.	<p>In network: You pay \$0 co-pay.</p> <p>Out of network*: You pay 20% co-insurance.</p>
Individual therapy visit	You pay \$35 co-pay.	You pay \$15 co-pay.	<p>In network: You pay \$0 co-pay.</p> <p>Out of network*: You pay 20% co-insurance.</p>

Prosthetic devices (braces, artificial limbs, etc.)¹

	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
Prosthetic devices	You pay 20% of the cost.	You pay 20% of the cost.	<p>In network: You pay 20% co-insurance.</p> <p>Out of network*: You pay 20% co-insurance.</p>
Related medical supplies	You pay 20% of the cost.	You pay 20% of the cost.	<p>In network: You pay 20% co-insurance.</p> <p>Out of network*: You pay 20% co-insurance.</p>

Renal dialysis

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
You pay \$0 co-pay.	You pay \$0 co-pay.	<p>In network: You pay \$0 co-pay.</p> <p>Out of network*: You pay \$0 co-pay.</p>

Hospice

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
You pay \$0 co-pay for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.	You pay \$0 co-pay for hospice care from a Medicare-certified hospice. You may have to pay part of the cost for drugs and respite care.	You pay \$0 co-pay 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

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
Not available.	<p>You pay \$0 co-pay for non-prescription OTC health related items like vitamins, pain relievers, cough/cold medicine, first aid supplies, and nutritional supplements when ordered through the 2022 OTC catalogue.</p> <p>You have \$30 every quarter to spend on plan-approved OTC items.</p> <p>Any quarterly balance will not roll over to the next quarter.</p>	<p>You pay \$0 for non-prescription OTC health related items like vitamins, pain relievers, cough/cold medicine, first aid supplies, and nutritional supplements when ordered through the 2022 OTC catalogue.</p> <p>You have \$30 every quarter to spend on plan-approved OTC items.</p> <p>Any quarterly balance will not roll over to the next quarter.</p>

Special supplemental benefits for the chronically ill (SSBCI)

ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)	ASPIRE HEALTH PLUS (HMO-POS)
You pay \$0 co-pay. See Evidence of Coverage for details.	You pay \$0 co-pay. See Evidence of Coverage for details.	You pay \$0 co-pay. See Evidence of Coverage for details.

Benefit notes:

If you are diagnosed with the following chronic condition(s) and meet certain criteria, you may be eligible for special supplemental benefits for the chronically ill:

- Cancer
- Chronic heart failure
- Diabetes
- End-stage renal disease (ESRD)
- Chronic lung disorders
- Chronic and disabling mental health conditions
- Neurologic disorders

The plan requires all members who qualify for SSBCI to participate in the plan's care management program.

Prior authorization rules apply.

Members may qualify for the following benefits:

- Indoor air quality equipment and services
- Social needs benefit including companion care, social clubs
- Mom's Meals to improve overall health
- Food and produce delivery

Outpatient prescription drug benefits

ASPIRE HEALTH VALUE (HMO)			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 \$480 is met.			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			STANDARD RETAIL COST-SHARING		
Tier	One-month supply	Three-month supply	Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$9 co-pay	\$27 co-pay	Tier 1 (Preferred Generic)	\$4 co-pay	\$12 co-pay
Tier 2 (Generic)	\$18 co-pay	\$54 co-pay	Tier 2 (Generic)	\$8 co-pay	\$24 co-pay
Tier 3 (Preferred Brand)	\$47 co-pay	\$141 co-pay	Tier 3 (Preferred Brand)	\$45 co-pay	\$135 co-pay
Tier 4 (Non-Preferred Drug)	\$100 co-pay	\$300 co-pay	Tier 4 (Non-Preferred Drug)	\$95 co-pay	\$285 co-pay
Tier 5 (Specialty Tier)	25% of the cost	Not available	Tier 5 (Specialty Tier)	30% of the cost	Not available
Tier 6 (Select insulins)	\$11 co-pay	\$33 co-pay	Tier 6 (Select insulins)	\$11 co-pay	\$33 co-pay
STANDARD MAIL ORDER COST-SHARING			STANDARD MAIL ORDER COST-SHARING		
Tier	Three-month supply		Tier	Three-month supply	
Tier 1 (Preferred Generic)	\$18 co-pay		Tier 1 (Preferred Generic)	\$8 co-pay	
Tier 2 (Generic)	\$36 co-pay		Tier 2 (Generic)	\$16 co-pay	
Tier 3 (Preferred Brand)	\$94 co-pay		Tier 3 (Preferred Brand)	\$90 co-pay	
Tier 4 (Non-Preferred Drug)	\$200 co-pay		Tier 4 (Non-Preferred Drug)	\$190 co-pay	
Tier 5 (Specialty Tier)	Not available		Tier 5 (Specialty Tier)	Not available	
Tier 6 (Select insulins)	\$22 co-pay		Tier 6 (Select insulins)	\$22 co-pay	

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.

Outpatient prescription drug benefits

ASPIRE HEALTH PLUS (HMO-POS)

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	Not available
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)	Not available
Tier 6 (Select insulins)	\$22 co-pay

COVERAGE GAP:

After your total yearly drug costs reach \$4,430, 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 \$7,050. 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 \$7,050 in 2022, you pay the greater of: 5% co-insurance or \$3.95 co-pay for generic (including brand name drugs treated as generic) and an \$9.85 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 for the VALUE and PLUS plans

\$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 \$0 co-pay
- 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 for the VALUE and PLUS plans

\$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 \$0 co-pay
- 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 \$0 co-pay

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 \$0 co-pay
- Meal benefit must be requested within 14 days of an inpatient hospital or skilled nursing facility stay
- Meals for certain chronic conditions for a temporary period

Enhanced Benefits — Option C for the ADVANTAGE plan

\$43.00 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:

- 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 \$0 co-pay

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 \$0 co-pay
- Meal benefit must be requested within 14 days of an inpatient hospital or skilled nursing facility stay
- Meals for certain chronic conditions for a temporary period

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 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 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.



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