



## 2024 Enhanced Benefits

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



PRESENTED BY



**MONTAGE**  
Health



**Salinas Valley**  
HEALTH

H8764\_MKT\_EB\_0823\_M

This is a summary of optional Enhanced Benefits covered by Aspire Health Plan (HMO) January 1, 2024–December 31, 2024. Aspire Health Plan is an HMO plan sponsor with a Medicare contract. Enrollment in Aspire Health Plan depends on contract renewal.

## 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 — available for PROTECT, VALUE, and PLUS plans

**\$44.90** additional premium per month

- Includes dental and vision



#### Option B — available for PROTECT, VALUE, and PLUS plans

**\$49.90** additional premium per month

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



#### Option C — available for the ADVANTAGE plan

**\$43** additional premium per month

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



## Enhanced Benefits — Option A

\$44.90 additional premium per month for PROTECT, VALUE, and PLUS plans



### 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 (EOC).



### VISION BENEFIT

Network: VSP™ Advantage Network

#### INCLUDES:

**Routine Eye Exam: \$10 co-pay** (1 every year)

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

- Frame allowance up to a retail cost of \$150 total
- Contact lens allowance of \$150 in lieu of frames and lenses

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

## Enhanced Benefits — Option B

\$49.90 additional premium per month for PROTECT, VALUE, and PLUS plans



### 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
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##### **Comprehensive: 20% or 50% co-insurance**

##### Comprehensive covered at 20% co-insurance:

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- Contact lens allowance of \$150 in lieu of frames and lenses

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## 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:
  - » 1 year of follow-up visits
  - » 60-day trial period
  - » 3-year extended warranty
  - » 80 batteries per aid for non-rechargeable models



## 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®

- Available after an inpatient hospital or skilled nursing stay, or immediately following surgery
  - » Must be requested within 14 days of stay. Benefit is per stay
- Available for certain chronic conditions for a temporary period

### INCLUDES:

#### **Home delivered meals: \$0**

- 14 refrigerated meals, 2 meals per day for 7 days
- Delivered direct to home
- Customized to member's preference

## Enhanced Benefits — Option C

\$43 additional premium per month for the ADVANTAGE plan



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Coverage: Our plan pays up to \$1,000 every year

#### INCLUDES:

#### **Comprehensive: 20% or 50% co-insurance**

Comprehensive covered at  
20% co-insurance:

- Basic restorative
- Simple extractions
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Comprehensive covered at  
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- Contact lens allowance of \$150 in lieu of frames and lenses

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



## 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:
  - » 1 year of follow-up visits
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# 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**
- VSP™ Vision Care — **(855) 492-9028**

## Enhanced Benefits — Option B or C

If you enroll in our Enhanced Benefits — Option B or C packages, you can contact the following companies for services.

- Delta Dental™ — **(800) 626-3023**
- VSP™ Vision Care — **(855) 492-9028**
- TruHearing™ — **(844) 208-2631**
- Meals after a hospital or skilled nursing stay — **(855) 570-1600** (TTY 711)
- Transportation to in-network providers — **(855) 570-1600** (TTY 711)

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