



# 2024 Summary of Benefits

JANUARY 1-DECEMBER 31

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



PRESENTED BY



This is a summary of drug and health services 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.  
H8764\_MKT\_SB\_0823\_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 <sup>1</sup> 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 PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
\$0 monthly plan premium in addition to your monthly Part B premium.	\$31.00 monthly plan premium in addition to your monthly Part B premium.	\$142.00 monthly plan premium in addition to your monthly Part B premium.
ASPIRE HEALTH PLUS (HMO-POS)		
\$312.00 monthly plan premium in addition to your monthly Part B premium.		

### Medical services deductible

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

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

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
<p>\$8,600 annually</p> <p>The most you pay for co-pays and co-insurance for <b>Medicare-covered medical benefits</b> for the year for services you receive from in-network providers.</p>	<p>\$5,500 annually</p> <p>The most you pay for co-pays and co-insurance for <b>Medicare-covered medical benefits</b> for the year for services you receive from in-network providers.</p>	<p>\$3,800 annually</p> <p>The most you pay for co-pays and co-insurance for <b>Medicare-covered medical benefits</b> for the year for services you receive from in-network providers.</p>
ASPIRE HEALTH PLUS (HMO-POS)		
<p>\$3,400 in and out of service area combined</p> <p>The most you pay for co-pays and co-insurance for <b>Medicare-covered medical benefits</b> for the year.</p>		

## Inpatient hospital coverage<sup>1</sup>

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
<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 \$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 \$250 co-pay per day for days 1 through 6.</p> <p>You pay \$0 co-pay per day for days 7 through 90.</p>
ASPIRE HEALTH PLUS (HMO-POS)		
<p>Our plan covers 90 days for an inpatient hospital stay.</p> <p><b>In network:</b> You pay \$250 co-pay per day for days 1 through 5. You pay \$0 co-pay per day for days 6 through 90.</p> <p><b>Out of network*:</b> You pay 30% 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 coverage<sup>1</sup>

	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Outpatient hospital	You pay 20% co-insurance.	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.
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
	<b>In network:</b> You pay \$200 co-pay or 20% of the cost, depending on the service. <b>Out of network*:</b> You pay 30% co-insurance.		
	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Diagnostic colonoscopy and endoscopy surgical procedures	You pay 20% co-insurance per date of service.	You pay \$300 co-pay per date of service.	You pay \$60 co-pay per date of service.
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
	<b>In network:</b> You pay \$40 co-pay per date of service. <b>Out of network*:</b> You pay 30% co-insurance.		
	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Wound care	You pay \$80 co-pay for each wound care treatment per date of service.	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.
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
	<b>In network:</b> You pay \$40 co-pay for each wound care treatment per date of service. <b>Out of network*:</b> You pay 30% co-insurance.		

## Ambulatory surgical center<sup>1</sup>

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
You pay 20% co-insurance per date of service.	You pay \$300 co-pay per date of service.	You pay \$275 co-pay per date of service.
<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
<b>In network:</b> You pay \$200 co-pay per date of service. <b>Out of network*:</b> You pay 30% co-insurance.		

## Doctor visits

<b>Primary Care</b>	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay \$5 co-pay per in-person visit.	You pay \$5 co-pay per in-person visit.	You pay \$0 co-pay per in-person visit.
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
	<b>In network:</b> You pay \$0 co-pay per in-person visit. <b>Out of network*:</b> You pay 30% co-insurance per visit		
<b>Specialists</b>	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay \$45 co-pay per in-person visit.	You pay \$45 co-pay per in-person visit.	You pay \$25 co-pay per in-person visit.
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
	<b>In network:</b> You pay \$20 co-pay per in-person visit. <b>Out of network*:</b> You pay 30% co-insurance per visit.		
<b>Telehealth</b>	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay \$0 co-pay.	You pay \$0 co-pay.	You pay \$0 co-pay.
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
	<b>In network:</b> You pay \$0 co-pay. <b>Out of network*:</b> You pay \$0 co-pay.		

## Preventive care

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

## Emergency care

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
You pay \$100 co-pay per visit.	You pay \$90 co-pay per visit.	You pay \$90 co-pay per visit.
ASPIRE HEALTH PLUS (HMO-POS)		
<b>In network:</b> You pay \$90 co-pay per visit. <b>Out of network:</b> 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.

## Urgently needed services

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
You pay \$25 co-pay per visit.	You pay \$25 co-pay per visit.	You pay \$0 co-pay per visit.
ASPIRE HEALTH PLUS (HMO-POS)		
<b>In network:</b> You pay \$0 co-pay per visit. <b>Out of network*:</b> You pay \$0 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 urgent care. See the “Inpatient Hospital Coverage” section of this booklet for other costs.

## Diagnostic services/labs/imaging<sup>1</sup>

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

## Hearing services

	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
<b>Medicare-covered hearing exam</b>	You pay \$45 co-pay for each Medicare-covered diagnostic 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.
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
	<b>In network:</b> You pay \$20 co-pay. <b>Out of network*:</b> You pay 30% co-insurance.		
	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
<b>Additional hearing services</b> Refer to the optional supplemental benefits section for details.	Available in the Enhanced Benefits — Option B for an additional premium of \$49.90 per month.	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.
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
	Available in the Enhanced Benefits — Option B for an additional premium of \$49.90 per month.		

## Dental services

	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	Dental coverage is limited to services covered by Medicare under Medicare Part A hospital and Medicare Part B medical benefits.	Dental coverage is limited to services covered by Medicare under Medicare Part A hospital and Medicare Part B medical benefits.	Dental coverage is limited to services covered by Medicare under Medicare Part A hospital and Medicare Part B medical benefits.
<b>ASPIRE HEALTH PLUS (HMO-POS)</b>			
Dental coverage is limited to services covered by Medicare under Medicare Part A hospital and Medicare Part B medical benefits.			
	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
<b>Additional dental services</b> Refer to the optional supplemental benefits section for 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 — 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.
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
	Available in the Enhanced Benefits — Options A and B for an additional premium of \$44.90 or \$49.90 per month.		



## Vision services<sup>1</sup>

	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
<b>Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)</b>	You pay \$45 co-pay for each Medicare-covered exam.	You pay \$45 co-pay for each Medicare-covered exam.	You pay \$25 co-pay for each Medicare-covered exam.
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
	<b>In network:</b> You pay \$20 co-pay. <b>Out of network*:</b> You pay 30% co-insurance.		
	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
<b>Eyeglasses or contact lenses after cataract surgery</b>	You pay \$0 co-pay	You pay \$0 co-pay	You pay \$0 co-pay
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
	<b>In network:</b> You pay \$0 co-pay. <b>Out of network*:</b> You pay 30% co-insurance.		
	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
<b>Additional vision services</b> Refer to the optional supplemental benefits section for 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 — 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.
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
	Available in the Enhanced Benefits — Options A and B for an additional premium of \$44.90 or \$49.90 per month.  Additional services and benefits (not covered by Medicare) are not covered out-of-network.		

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

Inpatient visit	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay \$335 co-pay per day for days 1 through 5.	You pay \$335 co-pay per day for days 1 through 5.	You pay \$250 co-pay per day for days 1 through 6.
	You pay \$0 co-pay per day for days 6 through 90.	You pay \$0 co-pay per day for days 6 through 90.	You pay \$0 co-pay per day for days 7 through 90.
<b>ASPIRE HEALTH PLUS (HMO-POS)</b>			
<p><b>In network:</b> You pay \$250 co-pay per day for days 1 through 5. You pay \$0 co-pay per day for days 6 through 90.</p> <p><b>Out of network*:</b> You pay 30% co-insurance per day for days 1 through 90.</p>			
Outpatient individual/group therapy visit	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay 20% co-insurance .	You pay \$35 co-pay.	You pay \$15 co-pay.
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
<p><b>In network:</b> You pay \$0 co-pay.</p> <p><b>Out of network*:</b> You pay 30% 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 facility<sup>1</sup>

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
You pay \$0 co-pay per day for days 1 through 20. You pay \$203 co-pay per day for days 21 through 100.	You pay \$0 co-pay per day for days 1 through 20. You pay \$184 co-pay per day for days 21 through 100.	You pay \$0 co-pay per day for days 1 through 20. You pay \$100 co-pay per day for days 21 through 100.
ASPIRE HEALTH PLUS (HMO-POS)		
<p><b>In network:</b> You pay \$0 co-pay per day for days 1 through 20. You pay \$100 co-pay per day for days 21 through 100.</p> <p><b>Out of network*:</b> You pay 30% co-insurance per day for days 1 through 100.</p>		

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

## Physical therapy<sup>1</sup>

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
You pay 20% co-insurance for each visit.	You pay \$25 co-pay for each visit.	You pay \$15 co-pay for each visit.
ASPIRE HEALTH PLUS (HMO-POS)		
<p><b>In network:</b> You pay \$0 co-pay.</p> <p><b>Out of network*:</b> You pay 30% co-insurance.</p>		

## Ambulance<sup>1</sup>

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
You pay \$300 co-pay via ground transportation. You pay 20% co-insurance via air transportation.	You pay \$300 co-pay via ground transportation. You pay 20% co-insurance via air transportation.	You pay \$300 co-pay via ground transportation. You pay 20% co-insurance via air transportation.
ASPIRE HEALTH PLUS (HMO-POS)		
<p><b>In network:</b> You pay \$300 co-pay via ground transportation. You pay 20% co-insurance via air transportation.</p> <p><b>Out of network*:</b> You pay \$300 co-pay via ground transportation. You pay 30% co-insurance via air transportation.</p>		

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

## Transportation<sup>1</sup>

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
You pay \$0 co-pay. 6 one-way trips each year to routine in-network appointments.	You pay \$0 co-pay. 6 one-way trips each year to routine in-network appointments.	You pay \$0 co-pay. 12 one-way trips each year to routine in-network appointments.
ASPIRE HEALTH PLUS (HMO-POS)		
<p><b>In network:</b> You pay \$0 co-pay. 12 one-way trips each year to routine in-network appointments.</p> <p><b>Out of network:</b> 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 drugs<sup>1</sup>

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
You pay \$35 for Part B insulin. You pay 20% co-insurance for all other Part B drugs, including chemotherapy.	You pay \$35 for Part B insulin. You pay 20% co-insurance for all other Part B drugs, including chemotherapy.	You pay \$35 for Part B insulin. You pay 20% co-insurance for all other Part B drugs, including chemotherapy.
ASPIRE HEALTH PLUS (HMO-POS)		
<p><b>In network:</b> You pay \$35 for Part B insulin. You pay 20% co-insurance for all other Part B drugs, including chemotherapy.</p> <p><b>Out of network*:</b> You pay 30% co-insurance.</p>		

**Benefit notes:** Prior Authorization and step therapy rules may apply.

# Additional benefits

Rehabilitation services <sup>1</sup>			
Pulmonary rehab	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay 20% co-insurance for each visit.	You pay \$15 co-pay for each visit.	You pay \$15 co-pay for each visit.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<b>In network:</b> You pay \$0 co-pay. <b>Out of network*:</b> You pay 30% co-insurance.		
Speech, occupational, cardiac therapy visit	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay 20% co-insurance for each visit.	You pay \$25 co-pay for each visit.	You pay \$15 co-pay for each visit.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<b>In network:</b> You pay \$0 co-pay. <b>Out of network*:</b> You pay 30% co-insurance.		

Foot care (podiatry services)			
Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay \$45 co-pay.	You pay \$45 co-pay.	You pay \$25 co-pay.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<b>In network:</b> You pay \$20 co-pay. <b>Out of network*:</b> You pay 30% co-insurance.		

Medical equipment/supplies <sup>1</sup>		
ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
You pay 20% of the cost for each durable medical equipment or supply.	You pay 20% of the cost for each durable medical equipment or supply.	You pay 20% of the cost for each durable medical equipment or supply.
ASPIRE HEALTH PLUS (HMO-POS)		
<b>In network:</b> You pay 20% of the cost for each durable medical equipment or supply. <b>Out of network*:</b> You pay 30% co-insurance.		

## Fitness benefit

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
<b>One Pass™</b> You pay an annual member fee of \$0 for fitness center access, 1 home fitness kit, and an online brain training app.	<b>One Pass™</b> You pay an annual member fee of \$0 for fitness center access, 1 home fitness kit, and an online brain training app.	<b>One Pass™</b> You pay an annual member fee of \$0 for fitness center access, 1 home fitness kit, and an online brain training app.
<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
<b>One Pass™</b> You pay an annual member fee of \$0 for fitness center access, 1 home fitness kit, and an online brain training app.		

## Acupuncture

	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
<b>Medicare-covered visit for chronic low back pain</b>	You pay \$0 per visit for up to 12 visits in 90 days, with no more than 20 treatments annually.	You pay \$0 per visit for up to 12 visits in 90 days, with no more than 20 treatments annually.	You pay \$0 per visit for up to 12 visits in 90 days, with no more than 20 treatments annually.
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
	<b>In network:</b> You pay \$0 per visit for up to 12 visits in 90 days, with no more than 20 treatments annually. <b>Out of network*:</b> You pay 30% of the cost per visit for up to 12 visits in 90 days, with no more than 20 treatments annually.		
<b>Routine acupuncture</b>	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay \$20 per visit (for up to 4 visits every year).	You pay \$20 per visit (for up to 4 visits every year).	You pay \$10 per visit (for up to 6 visits every year).
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
<b>In network:</b> You pay \$0 co-pay per visit (for up to 12 visits every year). <b>Out of network*:</b> Routine acupuncture is not covered out of network.			

## 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)	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay \$15 co-pay per visit.	You pay \$10 co-pay per visit.	You pay a \$10 co-pay per visit.
<b>ASPIRE HEALTH PLUS (HMO-POS)</b>			
<b>In network:</b> You pay \$0 co-pay. <b>Out of network*:</b> You pay 30% co-insurance.			
Routine chiropractic visit	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay a \$20 co-pay per visit (for up to 4 visits every year).	You pay a \$20 co-pay per visit (for up to 4 visits every year).	You pay \$10 per visit (for up to 6 visits every year).
<b>ASPIRE HEALTH PLUS (HMO-POS)</b>			
<b>In network:</b> You pay \$0 co-pay (for up to 12 visits every year). <b>Out of network*:</b> 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

Diabetes monitoring supplies, self-management training, therapeutic shoes and inserts	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay \$0 co-pay.	You pay \$0 co-pay.	You pay \$0 co-pay.
<b>ASPIRE HEALTH PLUS (HMO-POS)</b>			
<b>In network:</b> You pay \$0 co-pay. <b>Out of network*:</b> You pay 30% co-insurance.			

**Benefit notes:** Diabetic monitoring supplies obtained through our Part D prescription drug benefit are limited to Abbott Diabetes Care, the maker of FreeStyle and Precision brand products.

## Home health care<sup>1</sup>

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
You pay \$0 co-pay.	You pay \$0 co-pay.	You pay \$0 co-pay.
<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
<b>In network:</b> You pay \$0 co-pay. <b>Out of network*:</b> You pay 30% co-insurance.		

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

## Outpatient substance abuse<sup>1</sup>

	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Group/individual therapy visit	You pay 20% co-insurance.	You pay \$35 co-pay.	You pay \$15 co-pay.
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
	<b>In network:</b> You pay \$0 co-pay. <b>Out of network*:</b> You pay 30% co-insurance.		

## Prosthetic devices (braces, artificial limbs, etc.)<sup>1</sup>

	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Prosthetic devices and related medical supplies	You pay 20% of the cost.	You pay 20% of the cost.	You pay 20% of the cost.
	<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
	<b>In network:</b> You pay 20% co-insurance. <b>Out of network*:</b> You pay 30% co-insurance.		



## Renal dialysis

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
You pay 20% of the cost.	You pay 20% of the cost.	You pay 20% of the cost.
ASPIRE HEALTH PLUS (HMO-POS)		
<p><b>In network:</b> You pay 20% of the cost.  <b>Out of network*:</b> You pay 20% of the cost.</p>		

## Hospice

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
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.
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.		

## Over-the-counter (OTC) items

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Not available.	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 2024 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>
ASPIRE HEALTH PLUS (HMO-POS)		
<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 2024 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 PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
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.
<b>ASPIRE HEALTH PLUS (HMO-POS)</b>		
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
- Cardiovascular disorders
- Chronic heart failure
- Chronic kidney disease
- Diabetes
- End-stage renal disease (ESRD)
- Hypertension
- 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.

The benefits mentioned are a part of special supplemental program for the chronically ill. Not all members qualify.

*Prior authorization rules apply.*

### Members may qualify for the following benefits:

- Meals to improve overall health
- Food and produce delivery
- Transportation Services

## Outpatient prescription drug benefits

ASPIRE HEALTH PROTECT (HMO)			ASPIRE HEALTH VALUE (HMO)		
<b>Initial Coverage</b> No deductible.			<b>Initial Coverage</b> No deductible.		
<b>STANDARD RETAIL COST-SHARING</b>			<b>STANDARD RETAIL COST-SHARING</b>		
Tier	One-month supply	Three-month supply	Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	\$9 co-pay	\$18 co-pay	Tier 1 (Preferred Generic)	\$9 co-pay	\$18 co-pay
Tier 2 (Generic)	\$18 co-pay	\$36 co-pay	Tier 2 (Generic)	\$18 co-pay	\$36 co-pay
Tier 3 (Preferred Brand)	\$47 co-pay	\$94 co-pay	Tier 3 (Preferred Brand)	\$47 co-pay	\$94 co-pay
Tier 4 (Non-Preferred Drug)	\$100 co-pay	\$200 co-pay	Tier 4 (Non-Preferred Drug)	\$100 co-pay	\$200 co-pay
Tier 5 (Specialty Tier)	33% of the cost	Not available	Tier 5 (Specialty Tier)	33% of the cost	Not available
Tier 6 (Select insulins)	\$11 co-pay	\$22 co-pay	Tier 6 (Select insulins)	\$11 co-pay	\$22 co-pay
<b>STANDARD MAIL ORDER COST-SHARING</b>			<b>STANDARD MAIL ORDER COST-SHARING</b>		
Tier	Three-month supply		Tier	Three-month supply	
Tier 1 (Preferred Generic)	\$18 co-pay		Tier 1 (Preferred Generic)	\$18 co-pay	
Tier 2 (Generic)	\$36 co-pay		Tier 2 (Generic)	\$36 co-pay	
Tier 3 (Preferred Brand)	\$94 co-pay		Tier 3 (Preferred Brand)	\$94 co-pay	
Tier 4 (Non-Preferred Drug)	\$200 co-pay		Tier 4 (Non-Preferred Drug)	\$200 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 ADVANTAGE (HMO)			ASPIRE HEALTH PLUS (HMO-POS)		
<b>Initial Coverage</b> No deductible.			<b>Initial Coverage</b> No deductible.		
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)	\$4 co-pay	\$8 co-pay	Tier 1 (Preferred Generic)	\$0 co-pay	\$0 co-pay
Tier 2 (Generic)	\$8 co-pay	\$16 co-pay	Tier 2 (Generic)	\$10 co-pay	\$20 co-pay
Tier 3 (Preferred Brand)	\$45 co-pay	\$90 co-pay	Tier 3 (Preferred Brand)	\$42 co-pay	\$84 co-pay
Tier 4 (Non-Preferred Drug)	\$95 co-pay	\$190 co-pay	Tier 4 (Non-Preferred Drug)	\$90 co-pay	\$180 co-pay
Tier 5 (Specialty Tier)	33% of the cost	Not available	Tier 5 (Specialty Tier)	33% of the cost	Not available
Tier 6 (Select insulins)	\$11 co-pay	\$22 co-pay	Tier 6 (Select insulins)	\$11 co-pay	\$22 co-pay
STANDARD MAIL ORDER COST-SHARING			STANDARD MAIL ORDER COST-SHARING		
Tier	Three-month supply		Tier	Three-month supply	
Tier 1 (Preferred Generic)	\$8 co-pay		Tier 1 (Preferred Generic)	\$0 co-pay	
Tier 2 (Generic)	\$16 co-pay		Tier 2 (Generic)	\$20 co-pay	
Tier 3 (Preferred Brand)	\$90 co-pay		Tier 3 (Preferred Brand)	\$84 co-pay	
Tier 4 (Non-Preferred Drug)	\$190 co-pay		Tier 4 (Non-Preferred Drug)	\$180 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

### **COVERAGE GAP:**

After your total yearly drug costs reach \$5,030, 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 \$8,000. 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 \$8,000 in 2024, you pay nothing for covered Part D 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 PROTECT, 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 VSP™ Vision Care and includes:

- Yearly routine eye exam: \$10 co-pay
- Eyewear: \$25 co-pay
- \$150 allowance for frames or contacts

## Enhanced Benefits — Option B for the PROTECT, 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 VSP™ Vision Care and includes:

- Yearly routine eye exam: \$10 co-pay
- Eyewear: \$25 co-pay
- \$150 allowance for frames or contacts

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 or immediately following surgery
- 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 VSP™ Vision Care and includes:

- Yearly routine eye exam: \$10 co-pay
- Eyewear: \$25 co-pay
- \$150 allowance for frames or contacts

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 or immediately following surgery
- 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](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.
- Review the formulary to make sure your drugs are covered.

## 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.
- If you are currently enrolled in a Medicare Advantage plan, your current Medicare Advantage healthcare coverage will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- 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.







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