



## 2024 All-in-One Medicare Advantage decision guide

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



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# Inspiring you to live a healthy life





# Dear neighbor,

Welcome to Aspire Health, your local trusted health plan, here when you need us. Our Medicare Advantage Prescription Drug plans were created by leading doctors and hospitals in Monterey County, who joined together to provide better healthcare options for those eligible for Medicare. Each plan is designed to keep you healthy. We serve thousands of members in Monterey County, and we are grateful for the trust and support from our community.

## **As a nonprofit, Aspire is not driven by making profits**

We focus on improving lives and inspiring every individual to live their best life. We consider you our neighbor, not a number. Our all-in-one plans provide personalized attention that helps you get the care you need, all with one card. And you get more benefits than Original Medicare alone.

## **Fair pricing regardless of age or health status**

All of our members pay the same monthly premium for the plan they choose. Pre-existing conditions or age won't affect your cost — most Medicare supplement plans can't offer that.

## **You also have a choice of 4 options**

- **Aspire Health Protect, Aspire Health Value, and Aspire Health Advantage** are three comprehensive HMO plans featuring our vast provider network, plus nationwide urgent or emergency care, and many extra benefits beyond Original Medicare
- **Aspire Health Plus** is our HMO-POS plan that lets you get routine care in or outside of Monterey County, including nationwide urgent or emergency care, and many extra benefits beyond Original Medicare

## **Everything you need to get started is right here**

You'll find basic Medicare information, plan information, more details about our organization, and your enrollment form. Thank you for considering Aspire Health Plan. We look forward to becoming your partner in health.



Sincerely,

Tyler W. Munson  
Chief Executive Officer, Aspire Health





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**If you have questions or would like to speak to a Health Plan Advisor, please call us toll-free at (888) 864-4611 (TTY: 711).**

# Welcome to Aspire Health

## Trusted, local, not-for-profit

You expect your Medicare health plan to do more than just provide medical care. At Aspire, we think your health plan should enhance your life — not get in the way. We work with local doctors, local hospitals, and other leading providers to deliver a truly personal Medicare experience.

## In creating Aspire Health, Monterey County's top-rated healthcare systems and doctors joined together

Our goal was to create Medicare coverage that supports your well-being with the kind of care and expertise you value and trust. As a result, we closely collaborate with the following organizations:

- Montage Health
- Salinas Valley Health
- Monterey Bay Independent Physician Association

This means our vast provider network includes more than 700 respected local providers. **(Chances are, your doctor is part of our network.)**

And we know the local pharmacies, wellness centers, disease management programs, and medical professionals managing your care.



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## Keeping it simple

- Affordable ■ Simple to understand ■ Excellent care and service
- Benefits that meet your whole-health needs
- Health coaches, care managers, and social workers



### We advocate for your good health

As an Aspire member, you'll have an advocate who will coordinate your care from paperwork to prevention to procedures. You'll have an entire team connecting the dots so you don't have to. This is the kind of personalized care that delivers great peace of mind when you need it.



### Coverage and care from the same family

You know how complicated Original Medicare can be. So we made it as simple and as convenient as possible. We've designed plans that meet the needs of our local community.

- Benefits that go **beyond** Original Medicare
- Medical, hospital, and prescription drug coverage — all through **one card** with premiums as low as \$0 per month. No separate cards or bills — no hassle
- Coverage for urgent and emergency care **nationwide**
- **Additional valuable benefits** like fitness, transportation, over-the-counter supplies, acupuncture, and chiropractic
- Created by **local** doctors and hospitals in Monterey County







### An affordable Medicare health plan you can feel good about

The quality of your care shouldn't depend on the size of your bank account. All Aspire members pay the same monthly premium for their chosen plan regardless of age or health status.

# The parts of Medicare

Understanding the basic details of Medicare will increase your confidence and help you make an informed choice.

PART A	PART B	PART C	PART D
Hospital insurance	Medical insurance	Medicare Advantage	Medicare Rx drug coverage
<ul style="list-style-type: none"><li>Hospital inpatient</li><li>Home healthcare</li><li>Hospice care</li><li>Skilled Nursing Facility (SNF)</li></ul>	<ul style="list-style-type: none"><li>Medical insurance</li><li>Doctor’s visits</li><li>Preventive care</li><li>Outpatient care</li><li>Clinical lab services</li><li>Durable Medical Equipment (DME)</li></ul>	<ul style="list-style-type: none"><li>Part A</li><li>Part B</li><li>Often Part D</li><li>Benefits not generally offered by Original Medicare</li></ul>	<ul style="list-style-type: none"><li>Addition to Original Medicare</li><li>Often included in Part C plans</li><li>Must be entitled to Part A and/or enrolled in Part B</li></ul>
			

## MEDICARE GLOSSARY OF TERMS

**Original Medicare:** You must be entitled to Part A and enrolled in Part B. Medicare provides coverage for hospital and medical care under specified rules. You can choose any doctor or hospital that accepts Medicare, without a referral. You can also choose to add Part D prescription coverage.

**Medicare Part A:** Medicare Part A covers medically necessary inpatient hospital care. It also helps cover home healthcare, skilled nursing facilities, and hospice care. Most people are entitled to Part A through the taxes they paid while employed, and they do not have to pay a premium. You are responsible for any co-insurance and deductibles for Part A services.

**Medicare Part B:** This is the part of Medicare that covers doctor visits and outpatient care. It helps pay for some preventive health services that help you maintain your health and manage certain chronic illnesses. You have to sign up and pay a monthly premium for Part B services. Like Part A, you are responsible for any co-insurance and deductibles for Part B services.

**Together, parts A and B constitute Original or traditional Medicare and cover much of what you might need.**

**Medicare Advantage plan:** Referred to as “**Part C**” coverage, this option combines your Part A and Part B coverage, and is administered through private companies, like Aspire Health Plan. The benefits offered in these plans vary widely, but generally they include benefits that are not offered with Original Medicare. In most cases, Part D coverage is included with or can be added to the plan. Co-insurance and co-pays are usually lower in a Medicare Advantage plan than in Original Medicare.

**Medicare supplement plan:** Often called “Medigap,” this plan helps pay some of the healthcare costs that Original Medicare plan doesn’t cover. Private companies approved by the government offer and administer these programs. There are monthly premiums as well as restrictions associated with these plans.

**Medicare Part D plan:** If you’re enrolled in Original Medicare or a supplement plan, you can get prescription drug benefits through a stand-alone Medicare prescription drug plan (PDP) that works alongside your Medicare Part A and/or Part B coverage. Or, if you have Medicare Part C, you can get prescription drug coverage through a Medicare Advantage Prescription Drug (MAPD) plan that covers your Part A, Part B, and Part D.

# Frequently asked questions



## What does Medicare include?

Original or traditional Medicare includes Part A and Part B.

**Medicare Part A** is hospital insurance and helps cover:

- Inpatient hospital care
- Skilled nursing facility (SNF) care
- Hospice care
- Home health services

**Medicare Part B** is medical insurance and helps cover:

- Services from doctors and other healthcare providers
- Outpatient care
- Durable Medical Equipment (DME)
- Preventive services

## How does Medicare work?

Original Medicare beneficiaries usually don't pay a monthly premium for Medicare Part A (hospital insurance) coverage if either they or their spouse paid Medicare taxes while working. However, those who don't qualify for Part A at no cost can still buy Part A.

Part B (medical insurance) does require that Medicare beneficiaries pay a monthly premium. This amount can vary, depending on income level, and is often deducted from your Social Security payment.

You can contact Social Security for more information about your specific Part A and Part B premiums. There are deductibles and co-payments for Medicare Parts A and B.

## What about prescription drugs?

For prescription drug coverage, you may join a stand-alone Prescription Drug Plan (PDP) or a Medicare Advantage Part C (MAPD) plan such as Aspire Health Plan that includes Part D.

In a stand-alone plan, participants pay a monthly premium for Part D coverage. But with Aspire Health Plan, your prescription drug coverage is included in one combined premium — it's all-in-one.

## Why choose a Medicare Advantage plan instead of Original Medicare?

One third of Medicare beneficiaries are on Medicare Advantage plans. Medicare Advantage plans cover everything that Original Medicare covers, plus more. Many Medicare Advantage plans, including Aspire Health Plan, cover Part D prescription drugs, transportation, acupuncture, and chiropractic. What's more, our plans do not have an annual medical or hospital deductible — so you are covered from the start. Our low co-pays and co-insurance make your healthcare costs predictable and often save you substantial amounts of money when compared to Original Medicare.







# 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)



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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.  
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# 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>

Outpatient hospital	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	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.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<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.		
Diagnostic colonoscopy and endoscopy surgical procedures	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 \$60 co-pay per date of service.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<b>In network:</b> You pay \$40 co-pay per date of service. <b>Out of network*:</b> You pay 30% co-insurance.		
Wound care	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	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.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<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

Primary Care	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		
Specialists	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.		
Telehealth	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	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay \$20 co-pay per service.	You pay \$20 co-pay per service.	You pay \$10 co-pay per service.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<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	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay \$20 co-pay per service.	You pay \$20 co-pay per service.	You pay \$10 co-pay per service.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<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	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay 20% co-insurance per service.	You pay \$90 co-pay per service.	You pay \$60 co-pay per service.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<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)	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay 20% co-insurance per service.	You pay \$250 co-pay per service.	You pay \$150 co-pay per service.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<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)	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay 20% co-insurance per service.	You pay 20% co-insurance per service.	You pay 20% co-insurance per service.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<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	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay \$20 co-pay per X-ray.	You pay \$20 co-pay per X-ray.	You pay \$10 co-pay per X-ray.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<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

Medicare-covered hearing exam	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	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.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<b>In network:</b> You pay \$20 co-pay. <b>Out of network*:</b> You pay 30% co-insurance.		
Additional hearing services Refer to the optional supplemental benefits section for details.	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	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.
	ASPIRE HEALTH PLUS (HMO-POS)		
	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.
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.			
Additional dental services Refer to the optional supplemental benefits section for details.	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	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.
	ASPIRE HEALTH PLUS (HMO-POS)		
	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>

Exam to diagnose and treat diseases and conditions of the eye (including yearly glaucoma screening)	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	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.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<b>In network:</b> You pay \$20 co-pay. <b>Out of network*:</b> You pay 30% co-insurance.		
Eyeglasses or contact lenses after cataract surgery	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
	ASPIRE HEALTH PLUS (HMO-POS)		
	<b>In network:</b> You pay \$0 co-pay. <b>Out of network*:</b> You pay 30% co-insurance.		
Additional vision services Refer to the optional supplemental benefits section for details.	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	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.
	ASPIRE HEALTH PLUS (HMO-POS)		
	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.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<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. <b>Out of network*:</b> You pay 30% co-insurance per day for days 1 through 90.		
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.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<b>In network:</b> You pay \$0 co-pay. <b>Out of network*:</b> You pay 30% co-insurance.		

**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)		
<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. <b>Out of network*:</b> You pay 30% co-insurance per day for days 1 through 100.		

**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)		
<b>In network:</b> You pay \$0 co-pay. <b>Out of network*:</b> You pay 30% co-insurance.		

## 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)		
<b>In network:</b> You pay \$300 co-pay via ground transportation. You pay 20% co-insurance via air transportation. <b>Out of network*:</b> You pay \$300 co-pay via ground transportation. You pay 30% co-insurance via air transportation.		

**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)		
<b>In network:</b> You pay \$0 co-pay. 12 one-way trips each year to routine in-network appointments. <b>Out of network:</b> Routine transportation is not covered out of network		

**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)		
<b>In network:</b> You pay \$35 for Part B insulin. You pay 20% co-insurance for all other Part B drugs, including chemotherapy. <b>Out of network*:</b> You pay 30% co-insurance.		

**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.
ASPIRE HEALTH PLUS (HMO-POS)		
<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			
Medicare-covered visit for chronic low back pain	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	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.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<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.		
Routine acupuncture	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).
	ASPIRE HEALTH PLUS (HMO-POS)		
	<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.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<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).
	ASPIRE HEALTH PLUS (HMO-POS)		
	<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.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<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.
ASPIRE HEALTH PLUS (HMO-POS)		
<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>			
Group/individual 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.
	ASPIRE HEALTH PLUS (HMO-POS)		
	<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>			
Prosthetic devices and related medical supplies	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)		
	<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)		
<b>In network:</b> You pay 20% of the cost. <b>Out of network*:</b> You pay 20% of the cost.		

## 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.
ASPIRE HEALTH PLUS (HMO-POS)		
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.		
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	\$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
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)	\$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, Usted paga 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: Ustod paga \$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: Ustod paga \$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: Ustod paga \$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: Ustod paga \$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: Ustet paga \$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: Ustet paga \$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 de copagoments/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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# Individual enrollment request form

## Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

## To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

**Important:** To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

## When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit [Medicare.gov](https://www.Medicare.gov) to learn more about when you can sign up for a plan.

## What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

**Note:** You must complete all items in Section 1. The items in Section 2 are optional — you can't be denied coverage because you don't fill them out.

## Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

## What happens next?

Send your completed and signed form to:  
Aspire Health Plan  
PO Box 5490  
Salem, OR 97304

Once they process your request to join, they'll contact you.

## How do I get help with this form?

Call Aspire Health Plan at (888) 864-4611. TTY users can call 711.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

**En español:** Llame a Aspire Health Plan al (888) 864-4611 (TTY:711) o a Medicare gratis al 1-800-633-4227 y oprima el 2 para asistencia en español y un representante estará disponible para asistirle.

## Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1378. The time required to complete this information is estimated to average 20 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

## IMPORTANT

**Do not send this form or any items with your personal information (such as claims, payments, medical records, etc.) to the PRA Reports Clearance Office. Any items we get that aren't about how to improve this form or its collection burden (outlined in OMB 0938-1378) will be destroyed. It will not be kept, reviewed, or forwarded to the plan. See "What happens next?" on this page to send your completed form to the plan.**





## 2024 Medicare Advantage Prescription Drug (MA-PD) Individual Enrollment Request Form

Please contact Aspire Health Plan if you need information in another language or format (large print).

**Typically, you may enroll in a Medicare Advantage Prescription Drug (MAPD) plan only during the Annual Election Period (AEP) from October 15 through December 7.** There are exceptions called Special Election Periods (SEP) that may allow you to enroll in a Medicare Advantage plan outside of this period. Please read the following statements carefully, and check the box if the statement applies to you. By checking any of the following boxes, you are indicating, to the best of your understanding, you are eligible for an enrollment period. If we later determine that this information is incorrect, you may be disenrolled.

- |   |   |
|---|---|
| <p><input type="checkbox"/> I am new to Medicare.</p> <p><input type="checkbox"/> I've had Medicare prior to now and am now turning 65.</p> <p><input type="checkbox"/> I'm in the annual election period (October 15 - December 7 each year).</p> <p><input type="checkbox"/> I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).</p> <p><input type="checkbox"/> I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved on: _____ (MM/DD/YYYY)</p> <p><input type="checkbox"/> I recently was released from incarceration. I was released on: _____ (MM/DD/YYYY)</p> <p><input type="checkbox"/> I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on: _____ (MM/DD/YYYY)</p> <p><input type="checkbox"/> I recently obtained lawful presence status in the United States. I got this status on: _____ (MM/DD/YYYY)</p> <p><input type="checkbox"/> I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on: _____ (MM/DD/YYYY)</p> <p><input type="checkbox"/> I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on: _____ (MM/DD/YYYY)</p> <p><input type="checkbox"/> I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.</p> | <p><input type="checkbox"/> I am moving into, live in, or recently moved out of a long-term care facility (for example, a nursing home). I moved/will move into/out of the facility on: _____ (MM/DD/YYYY)</p> <p><input type="checkbox"/> I recently left a PACE program on: _____ (MM/DD/YYYY)</p> <p><input type="checkbox"/> I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on: _____ (MM/DD/YYYY)</p> <p><input type="checkbox"/> I am leaving employer or union coverage on: _____ (MM/DD/YYYY)</p> <p><input type="checkbox"/> I belong to a pharmacy assistance program provided by my state.</p> <p><input type="checkbox"/> My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.</p> <p><input type="checkbox"/> I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on: _____ (MM/DD/YYYY)</p> <p><input type="checkbox"/> I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on: _____ (MM/DD/YYYY)</p> <p><input type="checkbox"/> I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA) or by a Federal, state, or local government entity). One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.</p> <p><input type="checkbox"/> Other (please explain): _____</p> |
|---|---|

If none of these statements apply to you or you're not sure, please call Aspire Health Plan toll free (855) 570-1600 TTY users should call 711 to see if you are eligible to enroll. Our hours are: 8 a.m.-8 p.m. Monday through Friday from April 1 to September 30 and 8 a.m.-8 p.m. seven days a week October 1 to March 31 (except certain holidays).





**Section 1 — all fields on this page are required (unless marked optional)**

Please check which plan you want to enroll in:

- ☐ **Aspire Health Protect (HMO) (\$0)**  
☐ with Enhanced Benefits — Option A = \$44.90 + \$0 = \$44.90/mo.  
☐ with Enhanced Benefits — Option B = \$49.90 + \$0 = \$49.90/mo.
- ☐ **Aspire Health Value (HMO) (\$31.00)**  
☐ with Enhanced Benefits — Option A = \$44.90 + \$31.00 = \$75.90/mo.  
☐ with Enhanced Benefits — Option B = \$49.90 + \$31.00 = \$80.90/mo.
- ☐ **Aspire Health Advantage (HMO) (\$142.00)**  
☐ with Enhanced Benefits — Option C = \$43.00 + \$142.00 = \$185.00/mo.
- ☐ **Aspire Health Plus (HMO-POS) (\$312.00)**  
☐ with Enhanced Benefits — Option A = \$44.90 + \$312.00 = \$356.90/mo.  
☐ with Enhanced Benefits — Option B = \$49.90 + \$312.00 = \$361.90/mo.

LAST Name:		FIRST Name:	Middle Initial (optional):
Birth date: ____/____/____ (MM/DD/YYYY)	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Primary phone: ( ) - -	Alternative phone: ( ) - -

Permanent Residence Street Address (Don't enter a P.O. Box):

City:	State:	ZIP:
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Mailing address if different from your permanent address (P.O. Box allowed):

City:	State:	ZIP:
-------	--------	------

Emergency contact (optional):	Phone: ( ) - -	Relationship to you:
-------------------------------	-------------------	----------------------

E-mail address (optional):

I consent to Aspire Health, including its business associates, using my cell phone number to call and/or text regarding care and care coordination activities. ☐ Yes ☐ No

**Your Medicare information**

Name as it appears on your Medicare card: \_\_\_\_\_

Medicare number: --

(Optional) Effective date: Hospital (Part A): \_\_\_\_\_ Medical (Part B): \_\_\_\_\_



**Answer these important questions**

Will you have other prescription drug coverage (like VA, TRICARE) in addition to Aspire Health Plan?

☐ Yes ☐ No

Name of other coverage:	ID #:	Group #:
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**Section 1 continued — all fields on this page are required (unless marked optional)**

**IMPORTANT: Read and sign below:**

- I must keep both Hospital (Part A) and Medical (Part B) to stay in Aspire Health Plan
- By joining this Medicare Advantage Plan, I acknowledge that Aspire Health Plan will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below). Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.
- I understand that I can be enrolled in only one MA plan at a time - and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- I understand that when my Aspire Health Plan coverage begins, I must get all of my medical and prescription drug benefits from Aspire Health Plan. Benefits and services provided by Aspire Health Plan and contained in my Aspire Health Plan "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor Aspire Health Plan will pay for benefits or services that are not covered.
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that my signature (or the signature of the person legally authorized to act on my behalf) on this application means that I have read and understand the contents of this application. If signed by an authorized representative (as described above), this signature certifies that:
  1. This person is authorized under State law to complete this enrollment, and
  2. Documentation of this authority is available upon request by Medicare.

Your signature:	Today's date: ____/____/____ (MM / DD / YYYY)
-----------------	---

**If you are legally authorized to represent the enrollee, you must sign and date above and provide the following information:**

Name and address:	Phone: (____) - ____ - ____	Relationship to enrollee:
-------------------	--------------------------------	---------------------------

**PLEASE RETURN TO ASPIRE HEALTH PLAN**



Answering these questions is your choice. You can't be denied coverage because you don't fill them out.

**Are you Hispanic, Latino/a, or Spanish origin? Select all that apply:**

- ☐ No, not of Hispanic, Latino/a, or Spanish origin
- ☐ Yes, Mexican, Mexican American, Chicano/a
- ☐ Yes, Puerto Rican
- ☐ Yes, Cuban
- ☐ Yes, another Hispanic, Latino/a, or Spanish origin
- ☐ I choose not to answer

**What's your race? Select all that apply:**

- |   |  |
|---|--|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Black or African American |
| Asian:  | Native Hawaiian and Pacific Islander               |
| <input type="checkbox"/> Asian Indian                     | <input type="checkbox"/> Guamanian or Chamorro     |
| <input type="checkbox"/> Chinese                          | <input type="checkbox"/> Native Hawaiian           |
| <input type="checkbox"/> Filipino                         | <input type="checkbox"/> Samoan                    |
| <input type="checkbox"/> Japanese                         | <input type="checkbox"/> Other Pacific Islander    |
| <input type="checkbox"/> Korean                           | <input type="checkbox"/> White                     |
| <input type="checkbox"/> Vietnamese                       | <input type="checkbox"/> I choose not to answer    |
| <input type="checkbox"/> Other Asian                      |  |

**Are you enrolled in your State Medicaid program? (optional)** ☐ Yes ☐ No

Medicaid number: \_\_\_\_\_

**Do you work?** ☐ Yes ☐ No

**Does your spouse work?** ☐ Yes ☐ No

**Please choose the name of a Primary Care Physician (PCP) from our list of network physicians, which can be obtained from your agent, on our website at [www.aspirehealthplan.org](http://www.aspirehealthplan.org).**

Physician name (First and Last): \_\_\_\_\_

City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Are you currently a patient of this provider? ☐ Yes ☐ No

**NOTE: If you do not choose one of the PCPs from our list, the plan will automatically choose one for you.**

**Please indicate a gender preference for the plan-selected physician.** ☐ Male ☐ Female

**Select if you want us to send you information in a language other than English.** ☐ Spanish

**Select one if you want us to send you information in an accessible format.**

- ☐ Large Print ☐ Braille ☐ Audio CD

Please contact Aspire Health Plan toll-free (855) 570-1600 if you need information in an accessible format or language other than what is listed above. Our hours are: 8 a.m. – 8 p.m., Monday through Friday from April 1 to September 30, and 8 a.m.—8 p.m., seven days a week October 1 to March 31 (except certain holidays). TTY users should call 711.

**PLEASE RETURN TO ASPIRE HEALTH PLAN**





### Paying your plan premium

You can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT), or credit/debit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board (RRB) benefit check each month.

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. DO NOT pay Aspire Health Plan for the Part D-IRMAA.

#### Please select a premium payment option:

- ☐ Get a monthly bill
- ☐ Credit, debit card or electronic funds transfer  
To set up your credit, debit card or electronic funds transfer (EFT) payments please call Aspire Health Plan toll free (833) 367-4259 (TTY users should call 711) or visit [www.aspirehealthplan.org/payments](http://www.aspirehealthplan.org/payments)
- ☐ Automatic deduction from your monthly Social Security or Railroad Retirement board (RRB) benefits check. This payment option is only available if your total monthly plan premium is \$300 or less. I get monthly benefits from: ☐ Social Security ☐ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. You will receive a paper bill and will be responsible for paying for your monthly premium until Social Security or RRB approves the deduction. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

#### PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

#### PLEASE RETURN TO ASPIRE HEALTH PLAN



**FOR AGENT USE ONLY**

Name of Agent/Broker  
(if assisted in enrollment):

Agent signature:

Proposed effective date of coverage: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM / DD / YYYY)

Agent ID:

Agent receipt date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM / DD / YYYY)

**FOR INTERNAL OFFICE USE ONLY**

Initial receipt date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(MM / DD / YYYY)

PBP #:

Election period: ☐ ICEP/IEP ☐ AEP ☐ SEP (type): \_\_\_\_\_  
☐ Not eligible

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). Medicare beneficiaries may also enroll in Aspire Health Plan through the CMS Medicare Online Enrollment Center located at <http://www.medicare.gov>.

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**PLEASE RETURN TO ASPIRE HEALTH PLAN**





## Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services (CMS) requires sales agents to document the scope of a marketing appointment prior to any individual sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

**Please initial below beside the type of product(s) you want the agent to discuss.**

☐

### Medicare Advantage Prescription Drug Plans (Part C and D)

**Medicare Health Maintenance Organization (HMO)** — A Medicare Advantage plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).

**Medicare Point of Service (HMO-POS) plan** — A type of Medicare Advantage plan available in a local or regional area which combines the best feature of an HMO with an out-of-network benefit. Like the HMO, members are required to designate an in-network physician to be the primary healthcare provider. You can use doctors, hospitals, and providers outside of the network for an additional cost.

☐

### Dental / Vision / Hearing products

Aspire Health Plan offers optional coverage for consumers who are looking for enriched dental, vision, and hearing benefits. This additional coverage is neither affiliated with nor endorsed by Medicare.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

No obligation to enroll, current or future Medicare enrollment status will not be impacted, and automatic enrollment will not occur.

**Beneficiary or authorized representative signature and signature date:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature date

H8764\_MKT\_Scope of Appt\_0723\_C





**If you are the authorized representative, please sign above and print below:**

Representative's name: \_\_\_\_\_

Your relationship to the beneficiary: \_\_\_\_\_

**Please return this form to:**

Aspire Health Plan  
PO Box 5490  
Salem, OR 97304

**To be completed by agent:**

Agent name: \_\_\_\_\_ Agent phone: \_\_\_\_\_

Beneficiary name: \_\_\_\_\_ Beneficiary phone (optional): \_\_\_\_\_

Beneficiary address (optional): \_\_\_\_\_

Initial method of contact:  
(Indicate here if beneficiary was a walk-in.)  
\_\_\_\_\_

Agent's signature: \_\_\_\_\_

Plan(s) the agent represented during this meeting: \_\_\_\_\_

Date appointment completed: \_\_\_\_\_

[Plan use only:]  
\_\_\_\_\_

*\*Scope of Appointment documentation is subject to CMS record retention requirements\**

Agent: If the form was signed by the beneficiary at time of appointment, provide explanation why Scope of Appointment was not documented prior to meeting.

H8764\_MKT\_Scope of Appt\_0723\_C

## IMPORTANT INFORMATION:

# 2024 Medicare Star Ratings

Official U.S.  
Government  
Medicare  
Information



Aspire Health Plan — H8764

**For 2024, Aspire Health — H8764 received the following Star Ratings from Medicare:**

**Overall Star Rating:** ★★☆☆☆

**Health Services Rating:** ★★☆☆☆

**Drug Services Rating:** ★★☆☆☆



Every year, Medicare evaluates plans based on a 5-star rating system.

### Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan — for example, members may get better care and better, faster customer service.

**The number of stars show how well a plan performs.**

★★★★★	EXCELLENT
★★★★☆	ABOVE AVERAGE
★★★☆☆	AVERAGE
★★☆☆☆	BELOW AVERAGE
★☆☆☆☆	POOR

### Get More Information on Star Ratings Online

Compare Star Ratings for this and other plans online at [medicare.gov/plan-compare](https://www.medicare.gov/plan-compare).

### Questions about this plan?

Contact Aspire Health 7 days a week from 8:00 a.m. to 8:00 p.m. Pacific time at 888-839-3991 (toll-free) or 711 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. Pacific time. Current members please call 855-570-1600 (toll-free) or 711 (TTY).

H8764\_MKT\_2024StarRatings\_1023\_M

# What comes next?



## ☐ LETTER VERIFYING YOUR ENROLLMENT

This letter is required by Medicare to ensure you understand your new plan and to confirm that you want to enroll in Aspire Health. The letter will also include your Member ID number, which you can use for making medical appointments until you receive your actual Aspire membership ID card.

- ☐ If you are currently enrolled in a **Medicare supplement plan, you MUST call and cancel** your policy before your Aspire Health Plan effective date.

Date canceled supplement: \_\_\_\_\_

## ☐ WELCOME PACKET

This packet is filled with helpful information, including the Health Risk Assessment Survey • Enhanced Benefits booklet • Aspire Rewards program


## ☐ ASPIRE MEMBER PORTAL

Sign up for the member portal at **[www.aspirehealthplan.org](http://www.aspirehealthplan.org)** to access member rewards, pharmacy use, monthly healthcare spend, and more.

## ☐ YOUR ASPIRE MEMBER ID CARD

Your membership card will arrive in the mail within a few weeks of signing up with Aspire Health Plan. Until that time, you can refer to the information on the card below. Once you receive your actual card in the mail, place it in your wallet.

You can now also put your red, white, and blue Medicare card away in a safe place.

 ASPIREHEALTHPLAN <b>TEMPORARY INFORMATION CARD</b>
Primary care physician (PCP): _____
PCP phone number: _____
Member Services: (855) 570 -1600

# 2024 Important phone numbers

We make it easy for you to get answers to your questions. Simply call our Member Services department for questions regarding your plan benefits, or call our 24/7 pharmacy services department for questions about your prescription drug coverage. Keep this list handy, so you always know who to call.

## Member Services department

**Toll Free: (855) 570-1600** (TTY users call 711)

October 1–March 31 — Seven days a week, 8 a.m.–8 p.m., except certain holidays

April 1–September 30 — Monday through Friday, 8 a.m.–8 p.m.

## Prescription drug coverage

For pharmacy questions, MedImpact Healthcare Systems

**Toll free: (888) 495-3160** (TTY users call 711)

24 hours a day, 7 days a week

## One Pass™ fitness benefit

**(877) 504-6830** (TTY: 711)

## Over-the-counter items

For Advantage and Plus plan members

**(855) 657-7546** (TTY users call 711)

## 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 and Option C (Advantage plan only)

If you enroll in our Enhanced Benefits — Option B package, 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 users call 711)
- Transportation to in-network providers — **(855) 570-1600** (TTY users call 711)

## Fraud, waste, and abuse reporting hotline

Toll free: **(800) 810-0176**

24 hours a day, 7 days a week. All communications are confidential and anonymous.

# 2024 All-in-One Medicare Advantage decision guide

Aspire Health Plan is a Medicare Advantage HMO plan sponsor with a Medicare contract. Enrollment in Aspire Health Plan depends on contract renewal. Every year, Medicare evaluates plans based on a 5-star rating system. Other providers are available in our network. Out-of-network/non-contracted providers are under no obligation to treat Aspire Health Plan members, except in emergency situations. The benefits mentioned are part of a special supplemental program for the chronically ill. Not all members qualify. Medicare beneficiaries may also enroll in Aspire Health Plan through the CMS Medicare Online Enrollment Center located at <http://www.medicare.gov>.

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).



PRESENTED BY



MONTAGE  
Health



Salinas Valley  
HEALTH

10 Ragsdale Drive, Suite 101  
Monterey, CA 93940  
(888) 864-4611 (TTY: 711)