2027 Summary of Benefits

JANUARY 1–DECEMBER 31

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



This is a summary of drug and health services covered by Aspire Health (HMO) January 1, 2027—December 31, 2027. Aspire Health is an HMO plan sponsor with a Medicare contract. Enrollment in Aspire Health depends on contract renewal.

H8764_MKT_SB_0726_M

ASPIRE HEALTH

Summary of Benefits

Aspire Health service area is Monterey County, California

NOTES:
Services with a [1] may require prior authorization.

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

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

Monthly plan premium

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
$0 monthly plan premium in addition to your monthly Part B premium.	$65 monthly plan premium in addition to your monthly Part B premium.	$204 monthly plan premium in addition to your monthly Part B premium.
ASPIRE HEALTH PLUS (HMO-POS)		
$382 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)
$7,150 annually The most you pay for co-pays and co-insurance for **Medicare-covered medical benefits** for the year for services you receive from in-network providers.	$7,000 annually The most you pay for co-pays and co-insurance for **Medicare-covered medical benefits** for the year for services you receive from in-network providers.	$4,550 annually The most you pay for co-pays and co-insurance for **Medicare-covered medical benefits** for the year for services you receive from in-network providers.
ASPIRE HEALTH PLUS (HMO-POS)		
$4,350 in and out of service area combined The most you pay for co-pays and co-insurance for **Medicare-covered medical benefits** for the year.		

Inpatient hospital coverage[1]

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Our plan covers 90 days for an inpatient hospital stay. You pay $600 co-pay per day for days 1 through 2. You pay $375 co-pay per day for days 3 through 4. You pay $0 co-pay per day for days 5 through 90.	Our plan covers 90 days for an inpatient hospital stay. You pay $600 co-pay per day for days 1 through 2. You pay $350 co-pay per day for days 3 through 4. You pay $0 co-pay per day for days 5 through 90.	Our plan covers 90 days for an inpatient hospital stay. You pay $600 co-pay per day for days 1 through 2. You pay $300 co-pay per day for days 3 through 4. You pay $0 co-pay per day for days 5 through 90.
ASPIRE HEALTH PLUS (HMO-POS)		
Our plan covers 90 days for an inpatient hospital stay. **In network:** You pay $600 co-pay per day for days 1 through 2. You pay $250 co-pay per day for days 3 though 4. You pay $0 co-pay per day for days 5 through 90. **Out of network*:** You pay 30% co-insurance for days 1 through 90.		

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[1]

	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Outpatient hospital	You pay 20% of the cost, depending on the service.	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)		
	In network: You pay $200 co-pay or 20% of the cost, depending on the service. **Out of network*:** 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 $300 co-pay or 20% of the cost per date of service, depending on the site of care.	You pay $300 co-pay per date of service.	You pay $60 co-pay per date of service.
	ASPIRE HEALTH PLUS (HMO-POS)		
	In network: You pay $40 co-pay per date of service. **Out of network*:** You pay 30% co-insurance.		
Wound care	**ASPIRE HEALTH PROTECT (HMO)**	**ASPIRE HEALTH VALUE (HMO)**	**ASPIRE HEALTH ADVANTAGE (HMO)**
	You pay $120 co-pay for each wound care treatment per date of service.	You pay $95 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)		
	In network: You pay $40 co-pay for each wound care treatment per date of service. **Out of network*:** You pay 30% co-insurance.		

Ambulatory surgical center (ASC) services [1]

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

Doctor visits

	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Primary care	You pay $8 co-pay per in-person visit.	You pay $5 co-pay per in-person visit.	You pay $0 co-pay per in-person visit.
	ASPIRE HEALTH PLUS (HMO-POS)		
	In network: You pay $0 co-pay per in-person visit. **Out of network*:** You pay 30% co-insurance per visit		
Specialists[1]	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
	You pay $50 co-pay per in-person visit.	You pay $45 co-pay per in-person visit.	You pay $25 co-pay per in-person visit.
	ASPIRE HEALTH PLUS (HMO-POS)		
	In network: You pay $20 co-pay per in-person visit. **Out of network*:** 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.
	ASPIRE HEALTH PLUS (HMO-POS)		
	In network: 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 $130 co-pay per visit.	You pay $130 co-pay per visit.	You pay $130 co-pay per visit.
ASPIRE HEALTH PLUS (HMO-POS)		
In network: You pay $130 co-pay per visit. **Out of network:** You pay $130 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)		
In network: You pay $0 co-pay per visit. **Out of network*:** 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[1]

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)		
	In network: You pay $0 co-pay per service. **Out of network*:** 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)		
	In network: You pay $0 co-pay per service. **Out of network*:** 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 15% co-insurance per service.	You pay $90 co-pay per service.	You pay $60 co-pay per service.
	ASPIRE HEALTH PLUS (HMO-POS)		
	In network: You pay $30 co-pay per service. **Out of network*:** 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 15% co-insurance per service.	You pay $250 co-pay per service.	You pay $150 co-pay per service.
	ASPIRE HEALTH PLUS (HMO-POS)		
	In network: You pay $100 co-pay per service. **Out of network*:** 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)		
	In network: You pay 20% co-insurance per service. **Out of network*:** 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)		
	In network: You pay $0 co-pay per X-ray. **Out of network*:** You pay 30% co-insurance for each service.		

Hearing services

	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Medicare-covered hearing exam	You pay $50 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)		
	In network: You pay $20 co-pay. **Out of network*:** You pay 30% co-insurance.		

	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Additional hearing services Refer to the optional supplemental benefits section for details.	Available in the Enhanced Benefits — Option B for an additional premium of $60 per month.	Available in the Enhanced Benefits — Option B for an additional premium of $60 per month.	Available in the Enhanced Benefits — Option C for an additional premium of $52 per month.
	ASPIRE HEALTH PLUS (HMO-POS)		
	Available in the Enhanced Benefits — Option B for an additional premium of $60 per month.		

Dental services[1]

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 includes services covered by Medicare and preventive services through our Delta Dental network in Monterey County
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.		

	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Additional dental services Refer to the optional supplemental benefits section for details.	Available in the Enhanced Benefits — Options A and B for an additional premium of $55 or $60 per month.	Available in the Enhanced Benefits — Options A and B for an additional premium of $55 or $60 per month.	Available in the Enhanced Benefits — Option C for an additional premium of $52 per month.
	ASPIRE HEALTH PLUS (HMO-POS)		
	Available in the Enhanced Benefits — Options A and B for an additional premium of $55 or $60 per month.		

Vision services[1]

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 $0 to $50 co-pay for each Medicare-covered exam.	You pay $0 to $45 co-pay for each Medicare-covered exam.	You pay $0 to $25 co-pay for each Medicare-covered exam.
	ASPIRE HEALTH PLUS (HMO-POS)		
	In network: You pay $0 to $20 co-pay. **Out of network*:** 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)		
	In network: You pay $0 co-pay. **Out of network*:** 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 $55 or $60 per month.	Available in the Enhanced Benefits — Options A and B for an additional premium of $55 or $60 per month.	Available in the Enhanced Benefits — Option C for an additional premium of $52 per month.
	ASPIRE HEALTH PLUS (HMO-POS)		
	Available in the Enhanced Benefits — Options A and B for an additional premium of $55 or $60 per month. Additional services and benefits (not covered by Medicare) are not covered out-of-network.		

Mental health services[1]

	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Inpatient visit	You pay $600 co-pay per day for days 1 through 2. You pay $375 co-pay per day for days 3 through 4. You pay $0 co-pay per day for days 5 through 90.	You pay $600 co-pay per day for days 1 through 2. You pay $350 co-pay per day for days 3 through 4. You pay $0 co-pay per day for days 5 through 90.	You pay $600 co-pay per day for days 1 through 2. You pay $300 co-pay per day for days 3 through 4. You pay $0 co-pay per day for days 5 through 90.
	ASPIRE HEALTH PLUS (HMO-POS)		
	In network: You pay $600 co-pay per day for days 1 through 2. You pay $250 co-pay per day for days 3 through 4. You pay $0 co-pay per day for days 5 through 90. **Out of network*:** You pay 30% co-insurance per day for days 1 through 90.		
	ASPIRE HEALTH PROTECT (HMO)	**ASPIRE HEALTH VALUE (HMO)**	**ASPIRE HEALTH ADVANTAGE (HMO)**
Outpatient individual/ group therapy visit	You pay 20% co-insurance.	You pay $35 co-pay.	You pay $15 co-pay.
	ASPIRE HEALTH PLUS (HMO-POS)		
	In network: You pay $0 co-pay. **Out of network*:** 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[1]

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 $220 co-pay per day for days 21 through 100.	You pay $0 co-pay per day for days 1 through 20. You pay $200 co-pay per day for days 21 through 100.	You pay $0 co-pay per day for days 1 through 20. You pay $180 co-pay per day for days 21 through 100.
ASPIRE HEALTH PLUS (HMO-POS)		
In network: You pay $0 co-pay per day for days 1 through 20. You pay $160 co-pay per day for days 21 through 100. **Out of network*:** 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[1]

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)		
In network: You pay $0 co-pay. **Out of network*:** You pay 30% co-insurance.		

Ambulance[1]

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
You pay $350 co-pay via ground transportation. You pay 20% co-insurance via air transportation.	You pay $350 co-pay via ground transportation. You pay 20% co-insurance via air transportation.	You pay $350 co-pay via ground transportation. You pay 20% co-insurance via air transportation.
ASPIRE HEALTH PLUS (HMO-POS)		
In network: You pay $350 co-pay via ground transportation. You pay 20% co-insurance via air transportation. **Out of network*:** You pay $350 co-pay via ground transportation. You pay 20% co-insurance via air transportation.		

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

Transportation[1]

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)		
In network: You pay $0 co-pay. 12 one-way trips each year to routine in-network appointments. **Out of network:** 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[1]

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
You pay 25% co-insurance, not to exceed $35 per month, for Part B insulin. You pay 20% co-insurance for all other Part B drugs, including chemotherapy.	You pay 25% co-insurance, not to exceed $35 per month, for Part B insulin. You pay 20% co-insurance for all other Part B drugs, including chemotherapy.	You pay 25% co-insurance, not to exceed $35 per month, for Part B insulin. You pay 20% co-insurance for all other Part B drugs, including chemotherapy.
ASPIRE HEALTH PLUS (HMO-POS)		
In network: You pay 25% co-insurance, not to exceed $35 per month, for Part B insulin. You pay 20% co-insurance for all other Part B drugs, including chemotherapy. **Out of network*:** You pay 25% co-insurance, not to exceed $35 per month, for Part B insulin. You pay 30% co-insurance for all other Part B drugs, including chemotherapy.		

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

Additional benefits

Rehabilitation services[1]

	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Pulmonary rehab	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)		
	In network: You pay $0 co-pay. **Out of network*:** You pay 30% co-insurance.		
	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Speech, occupational, cardiac therapy visit	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)		
	In network: You pay $0 co-pay. **Out of network*:** You pay 30% co-insurance.		

Foot care (podiatry services)

	ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	You pay $50 co-pay.	You pay $45 co-pay.	You pay $25 co-pay.
	ASPIRE HEALTH PLUS (HMO-POS)		
	In network: You pay $20 co-pay. **Out of network*:** You pay 30% co-insurance.		

Medical equipment/supplies[1]

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)		
In network: You pay 20% of the cost for each durable medical equipment or supply. **Out of network*:** You pay 30% co-insurance.		

Fitness benefit

ASPIRE HEALTH PROTECT (HMO)	ASPIRE HEALTH VALUE (HMO)	ASPIRE HEALTH ADVANTAGE (HMO)
You pay $0 co-pay for the fitness benefit. Benefit includes physical fitness exclusively at one of the Montage Wellness Center locations.	You pay $0 co-pay for the fitness benefit. Benefit includes physical fitness exclusively at one of the Montage Wellness Center locations.	You pay $0 co-pay for the fitness benefit. Benefit includes physical fitness exclusively at one of the Montage Wellness Center locations.
ASPIRE HEALTH PLUS (HMO-POS)		
You pay $0 co-pay for the fitness benefit. Benefit includes physical fitness exclusively at one of the Montage Wellness Center locations.		

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)		
In network: You pay $0 per visit for up to 12 visits in 90 days, with no more than 20 treatments annually. **Out of network*:** 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)		
In network: You pay $0 co-pay per visit (for up to 12 visits every year). **Out of network*:** 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)		
	In network: You pay $0 co-pay. **Out of network*:** 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)		
	In network: You pay $0 co-pay(for up to 12 visits every year). **Out of network*:** Routine chiropractic care is not covered out of network.		

Benefit notes: Routine chiropractic visits are limited to manual manipulation of the spine that is supportive, not corrective. This is sometimes called maintenance therapy or maintenance care. Routine chiropractic services are limited to the following codes: 98940, 98941, or 98942.

Diabetes supplies and services[1]

Diabetes monitoring supplies, self-management training, therapeutic shoes and inserts	**ASPIRE HEALTH PROTECT (HMO)**	**ASPIRE HEALTH VALUE (HMO)**	**ASPIRE HEALTH ADVANTAGE (HMO)**
	You pay 0–20% co-insurance.	You pay 0–20% co-insurance.	You pay 0–20% co-insurance.
	ASPIRE HEALTH PLUS (HMO-POS)		
	In network: You pay 0–20% co-insurance. **Out of network*:** You pay 30% co-insurance.		

Benefit notes: Diabetic monitoring supplies obtained at the pharmacy are limited to Abbott Diabetes Care, the maker of FreeStyle and Precision brand products. A 20% co-insurance applies to continuous glucose monitor (CGM) equipment and supplies.

Home health care[1]

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)		
In network: You pay $0 co-pay. **Out of network*:** You pay 30% co-insurance.		

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

Outpatient substance abuse

	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.
	ASPIRE HEALTH PLUS (HMO-POS)		
	In network: You pay $0 co-pay. **Out of network*:** You pay 30% co-insurance.		

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

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

Renal dialysis[1]

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)		
In network: You pay 20% of the cost. **Out of network*:** You pay 30% 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.		

Outpatient prescription drug benefits

ASPIRE HEALTH PROTECT (HMO)

Initial Coverage
$250 Deductible, Tiers 4 and 5

STANDARD RETAIL COST-SHARING

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	$9 co-pay	$27 co-pay
Tier 2 (Generic)	$15 co-pay	$45 co-pay
Tier 3 (Preferred Brand)	$47 co-pay	$141 co-pay
Tier 4 (Non-Preferred Drug)	25% of the cost	Not available
Tier 5 (Specialty Tier)	30% of the cost	Not available
Tier 6 (Select Care Drugs)	$0	$0

STANDARD MAIL ORDER COST-SHARING

Tier	Three-month supply
Tier 1 (Preferred Generic)	$18 co-pay
Tier 2 (Generic)	$30 co-pay
Tier 3 (Preferred Brand)	$94 co-pay
Tier 4 (Non-Preferred Drug)	Not available
Tier 5 (Specialty Tier)	Not available
Tier 6 (Select Care Drugs)	$0

ASPIRE HEALTH VALUE (HMO)

Initial Coverage
$250 Deductible, Tiers 4 and 5

STANDARD RETAIL COST-SHARING

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	$9 co-pay	$27 co-pay
Tier 2 (Generic)	$15 co-pay	$45 co-pay
Tier 3 (Preferred Brand)	$47 co-pay	$141 co-pay
Tier 4 (Non-Preferred Drug)	25% of the cost	Not available
Tier 5 (Specialty Tier)	30% of the cost	Not available
Tier 6 (Select Care Drugs)	$0	$0

STANDARD MAIL ORDER COST-SHARING

Tier	Three-month supply
Tier 1 (Preferred Generic)	$18 co-pay
Tier 2 (Generic)	$30 co-pay
Tier 3 (Preferred Brand)	$94 co-pay
Tier 4 (Non-Preferred Drug)	Not available
Tier 5 (Specialty Tier)	Not available
Tier 6 (Select Care Drugs)	$0

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)

Initial Coverage
$250 Deductible, Tiers 4 and 5

STANDARD RETAIL COST-SHARING

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	$4 co-pay	$12 co-pay
Tier 2 (Generic)	$15 co-pay	$45 co-pay
Tier 3 (Preferred Brand)	$47 co-pay	$141 co-pay
Tier 4 (Non-Preferred Drug)	25% of the cost	Not available
Tier 5 (Specialty Tier)	30% of the cost	Not available
Tier 6 (Select Care Drugs)	$0	$0

STANDARD MAIL ORDER COST-SHARING

Tier	Three-month supply
Tier 1 (Preferred Generic)	$8 co-pay
Tier 2 (Generic)	$30 co-pay
Tier 3 (Preferred Brand)	$94 co-pay
Tier 4 (Non-Preferred Drug)	Not available
Tier 5 (Specialty Tier)	Not available
Tier 6 (Select Care Drugs)	$0

ASPIRE HEALTH PLUS (HMO-POS)

Initial Coverage
$250 Deductible, Tiers 4 and 5

STANDARD RETAIL COST-SHARING

Tier	One-month supply	Three-month supply
Tier 1 (Preferred Generic)	$0 co-pay	$0 co-pay
Tier 2 (Generic)	$10 co-pay	$30 co-pay
Tier 3 (Preferred Brand)	$45 co-pay	$135 co-pay
Tier 4 (Non-Preferred Drug)	25% of the cost	Not available
Tier 5 (Specialty Tier)	30% of the cost	Not available
Tier 6 (Select Care Drugs)	$0	$0

STANDARD MAIL ORDER COST-SHARING

Tier	Three-month supply
Tier 1 (Preferred Generic)	$0 co-pay
Tier 2 (Generic)	$20 co-pay
Tier 3 (Preferred Brand)	$90 co-pay
Tier 4 (Non-Preferred Drug)	Not available
Tier 5 (Specialty Tier)	Not available
Tier 6 (Select Care Drugs)	$0

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

Catastrophic coverage:
After your yearly out-of-pocket drug costs reach $2,400 in 2027, 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

$55 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 and includes:

- Preventive services: You pay $0 co-pay.
- Comprehensive co-insurance: 20%–50%
- Plan pays up to $2,000 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

$60 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 and includes:

- Preventive services: You pay $0 co-pay.
- Comprehensive co-insurance: 20%–50%
- Plan pays up to $2,000 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 includes:

- 14 refrigerated meals, 2 meals per day for 7 days, customized to the member's preference: You pay $0 co-pay.
- Available immediately following surgery or an inpatient hospital stay
- Meal benefit must be requested within 14 days following discharge

Enhanced Benefits — Option C for the ADVANTAGE plan

$52 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 and includes:
- Comprehensive co-insurance: 20%–50%
- Plan pays up to $2,000 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 includes:
- 14 refrigerated meals, 2 meals per day for 7 days, customized to the member's preference: You pay $0 co-pay.
- Available immediately following surgery or an inpatient hospital stay
- Meal benefit must be requested within 14 days following discharge

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

You will have a ninety (90) day grace period from your Medicare Advantage Prescription Drug (MAPD) enrollment effective date to add the Enhanced Benefits. After the grace period ends, you may not elect the Enhanced Benefits until the next annual enrollment period.

Pre-enrollment checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at (888) 864-4611.

Understanding the Benefits

☐ Review the full list of benefits found in the Evidence of Coverage (EOC), especially those services for which you routinely see a doctor. Visit www.aspirehealthplan.org or call (888) 864-4611 (TTY 711) to view a copy of the EOC.

☐ Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.

☐ Review the pharmacy directory to make sure the pharmacy you use for any prescription medicines is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

☐ 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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Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: ATTENTION: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-570-1600, (TTY: 711) or speak to your provider.

Español: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-570-1600, (TTY: 711) o hable con su proveedor.

Simplified Chinese: 中文: 注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-855-570-1600,（文本电话：711）或咨询您的服务提供商。

Tagalog: PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-855-570-1600, (TTY: 711) o makipag-usap sa iyong provider.

Vietnamese: Việt: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-855-570-1600 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

Korean: 한국어: 주의: [한국어]를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-855-570-1600 (TTY: 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

French: Français: ATTENTION: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-855-570-1600, (TTY: 711) ou parlez à votre fournisseur.

Brazilian Portuguese: Português do Brasil**:** ATENÇÃO: Se você fala [inserir idioma], serviços gratuitos de assistência linguística estão disponíveis para você. Auxílios e serviços auxiliares apropriados para fornecer informações em formatos acessíveis também estão disponíveis gratuitamente. Ligue para 1-855-570-1600, (TTY: 711) ou fale com seu provedor.

Hindi: हिंदी : ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-855-570-1600, (TTY: 711) पर कॉल करें या अपने प्रदाता से बात करें।

Farsi: فارسي

توجه: اگر [وارد کردن زبان] صحبت می‌کنید، خدمات پشتیبانی زبانی رایگان در دسترس شما قرار دارد. همچنین کمک‌ها و خدمات پشتیبانی مناسب برای ارائه اطلاعات در قالب‌های قابل دسترس، به‌طور رایگان موجود می‌باشند. با شماره 1-855-570-1600 (تله‌تایپ: 711) تماس بگیرید یا با ارائه‌دهنده خود صحبت کنید.

Arabic : العربية

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرق 1-855-570-1600, (TTY: 711) أو تحدث إلى مقدم الخدمة".

Armenian: ՀԱՅԵՐԵՆ: ՈՒՇԱԴՐՈՒԹՅՈՒՆ. Եթե խոսում եք հայերեն, Դուք կարող եք օգտվել լեզվական աջակցության անվճար ծառայություններից: Մատչելի ձևաչափերով տեղեկատվություն տրամադրելու համապատասխան օժանդակ միջոցներն ու ծառայությունները նույնպես տրամադրվում են անվճար: Զանգահարեք 1-855-570-1600, (TTY: 711) հեռախոսահամարով (TTY: 711) կամ խոսեք Ձեր մատակարարի հետ:

Russian: РУССКИЙ: ВНИМАНИЕ: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-855-570-1600, (TTY: 711) или обратитесь к своему поставщику услуг.

Punjabi: ਪੰਜਾਬੀ: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। ਪਹੁੰਚਯੋਗ ਫਾਰਮੈਟਾਂ ਵਿੱਚ ਜਾਣਕਾਰੀ ਪ੍ਰਦਾਨ ਕਰਨ ਲਈ ਢੁਕਵੇਂ ਪੂਰਕ ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਵੀ ਮੁਫ਼ਤ ਵਿੱਚ ਉਪਲਬਧ ਹੁੰਦੀਆਂ ਹਨ। 1-855-570-1600, (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ ਜਾਂ ਆਪਣੇ ਪ੍ਰਦਾਤਾ ਨਾਲ ਗੱਲ ਕਰੋ।

Japanese: 日本語: 注：日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-855-570-1600, (TTY: 711) までお電話ください。または、ご利用の事業者にご相談ください。

German: Deutsch: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-855-570-1600, (TTY: 711) an oder sprechen Sie mit Ihrem Provider.

2027 Summary of Benefits

Aspire Health is a Medicare Advantage HMO plan sponsor with a Medicare contract. Enrollment in Aspire Health depends on contract renewal. Other providers are available in our network. The benefit information provided is a summary of what we cover and what you pay. It does not list every service that we cover or list every limitation or exclusion. To get a complete list of services we cover, please request the "Evidence of Coverage." You can see the Evidence of Coverage on our website at www.aspirehealthplan.org or by calling Member Services (855) 570-1600 (TTY:711) to request a copy. This document is available in other formats such as large print. We are open 8 a.m.–8 p.m. PT Monday through Friday from April 1 through September 30 and 8 a.m.–8 p.m. PT seven days a week from October 1 through March 31 (except certain holidays). To join Aspire Health , 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 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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ASPIRE HEALTH

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MONTAGE Health

Salinas Valley HEALTH

10 Ragsdale Drive, Suite 101, Monterey, CA 93940 | Member Services (855) 570-1600