



Employee Guide to Using Your Coverage

Fully-Insured Group Health Plan



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Choose Aspirus
Health Plan
for local service

Based in Wausau, Aspirus Health Plan offers high-quality coverage and networks, affordable plans, and group health plan to protect your health.

- Comprehensive, cost-effective networks locally and nationwide
- Easy access to Aspirus health care services
- Personal service from your Wisconsin neighbors
- Help managing your health care

In Wisconsin

Top-quality network offers easy access

Convenient access to Aspirus Health Plan's Signature Network plus many health care professionals and hospitals in your area.

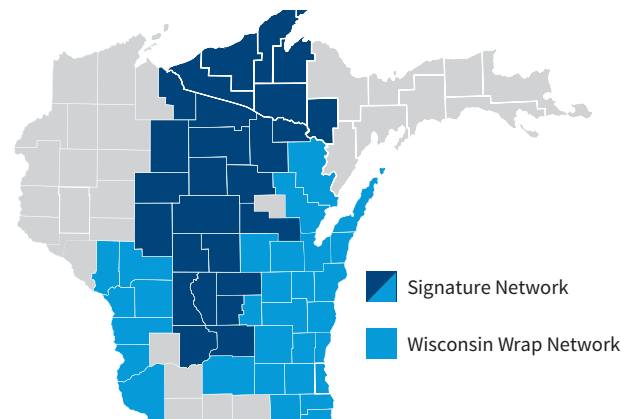
Signature Network includes

50 PRIMARY AND
SPECIALTY CARE CLINICS

Wisconsin Wrap Network offers

7,000+ HEALTH CARE
PROVIDERS

Members and covered dependents get in-network benefits in 50 Wisconsin counties.



To establish care with a provider at Aspirus, contact the Welcome Center at 833.811.4176. They can assist with transferring medical records, signing up on MyAspirus, and answer questions you may have.

Wisconsin Wrap Network providers include:

- ▶ Aurora Health Care
- ▶ Holy Family Memorial
- ▶ Reedsburg Area Medical Center
- ▶ Bellin Health
- ▶ Gundersen Health
- ▶ ThedaCare System
- ▶ Divine Savior Healthcare
- ▶ UW Health

Where can I go if I need care outside of Wisconsin for myself or a dependent?

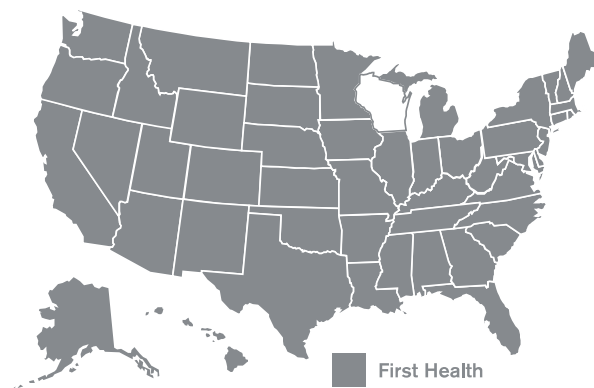
First Health Wrap Network

In-network benefits in all 49 states outside Wisconsin allow members and covered dependents to get health care at in-network benefit levels.

More than
1 million HEALTH CARE
SERVICE LOCATIONS

5,000 HOSPITALS

90,000 ANCILLARY
FACILITIES




Aspirus Health Plan is the best choice for Aspirus patients

For help locating a participating provider, you can use our online Find a Doctor tool to search by location, name/specialty, board certification, residency and professional qualifications or call Member Services at 866.631.5404, Monday through Friday, 7 a.m. to 7 p.m. CT. Providers can leave or enter the network at any time. It is recommended that you check the network status of your provider on a regular basis.

Make the Most of Your Health Benefits




Get started with your member ID card

You will receive an identification card from us, which identifies you as an Aspirus Health Plan member. When you receive your card, please verify the information is correct. Carry this card with you at all times. You will be asked to show your ID card each time you visit a health care provider. To request a new or additional identification card, please contact Member Services at 866.631.5404. ID cards may also be requested online at **AspirusHealthPlan.com/Group**—simply log in to your online account and fill out an ID card request.

123 Group

Group #: ASP99999
Care Type: 123 Group Medical Plan

NAME	ID	SVC Type
Firstname A Lastname	12345678900	Medical
Firstname B Lastname	01	Medical
Firstname C Lastname	02	Medical



Telehealth services from MDLIVE®

Connect with a licensed physician over the phone or via video consult 24/7/365. Behavioral health and dermatology services are also available; check your policy for details.

- ▶ 800.657.6169
- ▶ MDLIVE.com/AspirusHealthPlan
- ▶ Mobile app

Care Management program

Our care managers are dedicated to hearing your story while assisting you with your health care needs. Care managers are registered nurses who can help you by:

- ▶ Coordinating your health care
- ▶ Providing education specific to your health care needs and concerns
- ▶ Helping you reach your health care goals
- ▶ Learning about available community resources
- ▶ Understanding your health insurance benefits

Hear in America hearing plans

- ▶ Includes an annual hearing screening at no cost
- ▶ Discounts on top hearing aid brands
- ▶ Three-year warranties covering repairs, loss and damage are included with all purchases
- ▶ Three years of hearing aid batteries included
- ▶ Coverage is also available for other family members
- ▶ To take advantage of this offer, call Hear in America at 800.286.6149 and say you are an Aspirus Health Plan member

ExerciseRewards™ fitness reimbursement program¹

Eligible members of your household over 18 years old who work out at least 10 times per month at a qualified fitness center can receive a \$30 reward per month!

- ▶ Online fitness center search lets you find a participating fitness center near you
- ▶ Participants can use the ASHConnect™ mobile app to track visits at 41,000+ fitness centers nationwide
- ▶ Track your visits and redeem your rewards online

¹The ExerciseRewards program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Incorporated (ASH). ExerciseRewards logo is a trademark of ASH and used with permission herein. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify by different means. Please call Member Services for more information.

Nurseline

Registered nurses help you navigate through the complexity of your care, from routine medical care to the treatment of chronic conditions at 800.383.1908.

Tobacco Cessation

Aspirus Health Plan can help you quit for free! If you are 18 or older, you have access to certain nicotine replacements and drugs used to help you overcome your tobacco addiction. Talk to your doctor today and visit the Wisconsin Tobacco Quit Line at ctri.wisc.edu or call 800-QUIT-NOW for tips to help you quit.

Visit **AspirusHealthPlan.com/Group** and click **Members** for details about these benefits and more.

Covered Preventive Services

Aspirus Health Plan pays benefits at 100% for certain preventive services and medications when care is received from a participating provider. For HMO plans, services received from a non-participating provider are generally not covered. For POS plans, services received from a non-participating provider are subject to deductible and coinsurance. Immunizations have no cost-sharing from both participating and non-participating providers. See your policy for details.

PREVENTIVE SCREENINGS	
Routine physical exams	Abdominal aortic aneurysm screening
Well-child care	Pregnancy screenings including, but not limited to, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis
Routine immunizations	
Mammograms	Screenings and intervention services (including counseling and education) for: <ul style="list-style-type: none">• Genetic testing for breast and ovarian cancer• Breastfeeding• Tobacco use and diseases caused by tobacco use• Alcohol use
Screening colonoscopies/sigmoidoscopy/fecal occult blood testing	
Bone density test to screen for osteoporosis	
Routine hearing screening exam	Preventive care drugs
Screening tests for lead exposure	Preventive services for women, as recommended by the Health Resources and Services Administration

The above preventive services are covered subject to the terms and conditions set forth in your Aspirus Health Plan Certificate of Coverage. Preventive care services include routine exams, screenings, immunizations, and other services ranked A or B by the U.S. Preventive Services Task Force (USPSTF). For further questions, please contact Aspirus Health Plan Member Services at the number listed on your member ID card.

Prior Authorizations

A prior authorization is the process of receiving written approval from Aspirus Health Plan before you visit certain health care providers or receive certain health care services.

For full details on prior authorizations, please visit **AspirusHealthPlan.com/Group, Manage My Care**, and select **Prior Authorization**.

Please share this information with your health care provider, who can submit the prior authorization form and your relevant clinical information directly to us.

Whose responsibility is it to obtain required prior authorizations?

It is ultimately your responsibility to work with your provider, who will submit the prior authorization request for Aspirus Health Plan to review before you receive services.

When do I need a prior authorization?

Prior authorization is required for HMO plans for all non-participating providers and tertiary care specialists or facilities.

Prior authorization is also required before you receive certain health care services. For a list of these services, please visit **AspirusHealthPlan.com/Group, Manage My Care**, and select **Prior Authorization**.

Before receiving medical services, please call Member Services at 866.631.5404 to verify your prior authorization request has been approved. Failure to obtain prior authorization may result in no coverage for those services, depending on your plan.

Services that do not require prior authorization

- Emergency care or urgent care at an emergency or urgent care facility.

How to contact us about a prior authorization

Please contact Member Services at 866.631.5404, Monday through Friday, 7 a.m. to 7 p.m.

Pharmacy Benefits

Your prescription benefits are managed by Navitus

- ▶ 90 day medication supply at retail pharmacy and through mail order program; specialty medications are limited to a 30 day supply.
- ▶ Navitus is open 24 hours a day, 7 days a week.
- ▶ Cost comparison available via the Navi-Gate tool for Members portal on www.navitus.com
 - Identify lower cost alternatives
 - See suggested alternatives to your prescribed drugs
 - Find participating network pharmacies
- ▶ Download the Mobile App to get these same great benefits, plus the ability to view your ID card!

Navitus Customer Care: 1.866.333.2757

Mobile App Account Assistance: 1.844.268.9789

Prior authorization

Prior authorization is required for some drugs to ensure they're used appropriately. Decisions are based on medical records, FDA-approved labeling, published and peer-reviewed scientific literature, and evidence-based guidelines.

Visit AspirusHealthPlan.com/Group, **Manage My Care**, and select **Prior Authorization**. This page includes information on, and links to, drugs that require prior authorization, instructions on how to obtain prior authorization, and guide to drugs that are preferred by your health plan and offered at lower copay levels.

Health Insurance Terminology

Coinsurance. Your share of costs of a covered health service, calculated as a percentage of the allowed amount of service. You pay coinsurance plus any unmet deductible amount.

Copayment. A fixed amount you pay for covered health services. The amount can vary by the type of covered service, type of provider, and plan.

Explanation of Benefits (EOB). The form you receive from your health insurer when your provider submits a claim. It explains what amount you may be billed by the provider. An EOB is not a bill; you will receive a statement from the provider for the actual amount due. Keep your EOBs and match them with the statements from your providers to ensure you are being billed accurately.

Out-of-pocket maximum. The most you will pay during a policy period (usually a year) before your health insurance pays 100% of the allowed amount on covered services. This maximum never includes your premium or uncovered health care services.

Deductible. The amount you owe for health care services your health insurance or plan covers before the insurance or plan begins to pay. The deductible may not apply to all services. On family plans, the deductible may be embedded or non-embedded.

▶ **Embedded deductible.** When a family member reaches the individual deductible amount, this plan will begin to pay benefits for him or her only. Once the family deductible amount is reached, this plan will begin to pay benefits for any family member.

▶ **Non-embedded deductible.** The family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible.

Use Your Online Member Account for Quick Access to Information

How to navigate the site

The online member account offers access to everything you need, all in one place. This allows more flexibility and control in managing your personal account information. Clearly labeled tabs take you straight to what matters to you most, whether it's your policy, billing information, claims status, EOBs, or other important documents.

NOTE: You're not able to register and access your online member account until after your health plan effective date.

How to register for your member account

1. Make sure you have your ID card handy.
2. Visit **AspirusHealthPlan.com/Group**, click **Sign In or Register**, and then click **Register or Login**.
3. Enter the requested policy information from your ID card on the registration form.
4. Create a user ID and easy-to-remember password, and establish your security questions/answers.
5. Read the Privacy Policy and, if you agree, check the **I understand and agree** box at the bottom of the page and then click the **Register** button.

How to find your Explanation of Benefits (EOB)

1. Go to **AspirusHealthPlan.com/Group** to log in to your member account. Select **View My Explanation of Benefits for a Claim**.

How much of my deductible have I used?

View how much of your deductible you have met in the current calendar year, compared to your total deductible amount.

1. Go to **AspirusHealthPlan.com/Group** to log in to your member account. Select **View My Out-of-Pocket and Deductible Balances**.

MyAspirus Connects You Directly with Your Aspirus Health Care Provider

Contact your Aspirus Clinic in person or by phone to obtain an access code. Then, go to **MyAspirus.org/MyChart** and log in. You get access to portions of your electronic medical record, including appointment information, lab results, prescription medications, immunizations and more!

With this tool, you can see what your health care provider sees. It also allows you to contact your provider's office to renew prescriptions, send messages, and schedule appointments online.



Your local health plan

Top quality benefits and coverage you can depend on.

Your connection to better health

Take advantage of your health coverage to live a healthier, more productive life.

Questions?

Visit AspirusHealthPlan.com/Group and click **Members**.

Contact Member Services

Monday–Friday, 7 a.m.– 7 p.m. CT

866.631.5404

TTY: 866.631.8597



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