

Employee Guide to Using Your Coverage

Fully-Insured Group Health Plan



Welcome!

Health is your most important asset. Aspirus Health Plan helps protect that asset. We're here for you and your family whenever you need health care resources or advice. Everything from wellness, vaccinations and preventive care to support through unexpected illnesses or injuries is available to you.

Choose from a statewide network of doctors, clinics, hospitals and urgent care centers and convenience care. Easily manage all your health resources online at aspirushealthplan.com or call us whenever you have a question about your coverage, a claim or need help finding the right doctor. Aspirus Health Plan also supports you with nurses who can talk with you about your care and help you understand your treatment choices and decisions.

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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.

Hospitals include

- Aspirus Health
- Aurora Health Care
- Bellin Health
- Children's Wisconsin
- Gundersen Health System
- Reedsburg Area Medical Center
- The Medical College of Wisconsin
- ThedaCare
- UW Health

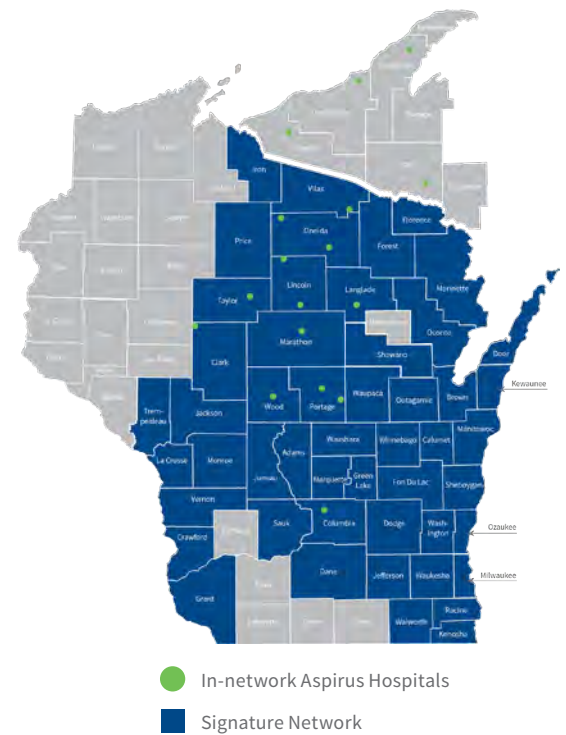
To establish care with a provider at Aspirus Health, contact the Welcome Center at 833.811.4176. They can assist with transferring medical records, signing up on MyAspirus, and answer questions you may have.

Signature Network includes

7K+
HEALTH CARE PROVIDERS

51+
PRIMARY AND SPECIALTY CARE CLINICS

50
WISCONSIN COUNTIES

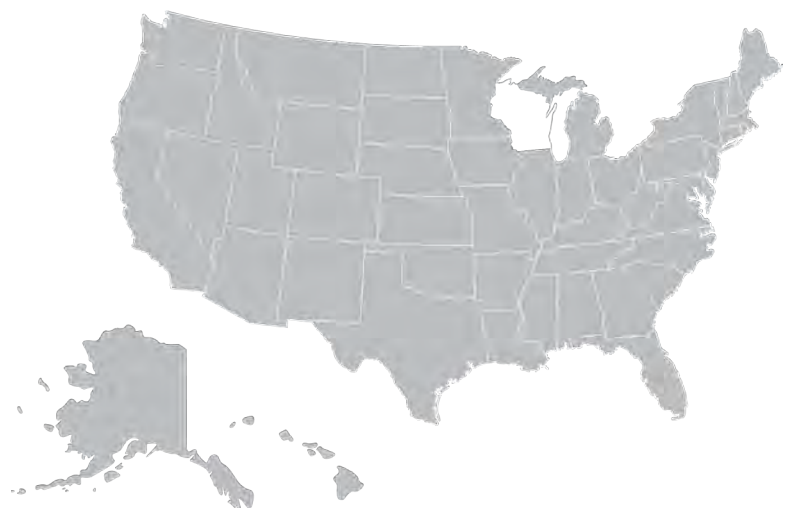


Finding Care Outside of Wisconsin

Comprehensive access to health care providers nationwide

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

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 Customer Service at 866.631.5404, Monday-Friday, 7 am - 7 pm 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.



■ Network covers all 49 states outside Wisconsin.

More than

1M HEALTH CARE SERVICE LOCATIONS

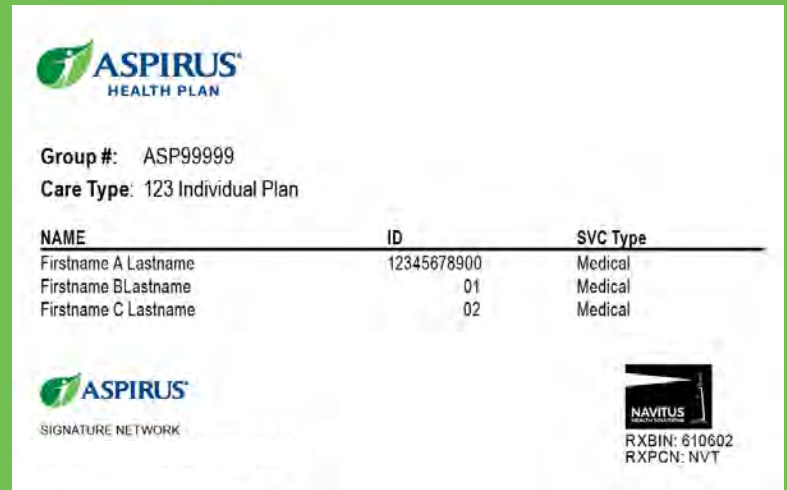
5K HOSPITALS

90K ANCILLARY FACILITIES

Aspirus Health Plan is the best choice for Aspirus Health patients

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 Customer Service at 866.631.5404. ID cards may also be requested online at aspirushealthplan.com — simply log in to your online account and fill out an ID card request.



Setting Up Your Online Member Account

Use your online member account for Quick access to Information

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, pharmacy information, provider network, health & wellness topics or member discount programs.

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, select **Sign in**, and then select **Register for a member account**. If you agree to the terms, click **I Accept**.
3. Enter the requested policy information from your ID card on the registration form.
4. Create a username and password, then select **Next**.
5. Select how you would like to receive your Explanation of Benefits (EOB).
6. Select **Submit Registration**.

How to find your Explanation of Benefits (EOB)

Sign in to your member account at aspirushealthplan.com and 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.

Sign in to your member account at aspirushealthplan.com to and select **View My Out-of-Pocket and Deductible Balances**.

Make the Most of Your Health Benefits

Welcome New Patients

Establishing a relationship with a primary care provider is one of the best things you can do for your health, and the health of your family. Our Welcome Center staff can help you select the provider who best meets your individual health care needs and they can also schedule your first appointment at that same time.

In addition, they can:

- Assist with transferring your medical records to Aspirus Health.
- Obtain personal health information, such as medical history, allergies, medications and immunizations.
- Sign you up for MyAspirus, our online portal where you can view portions of your medical record, request prescription refills, schedule appointments, and more!
- Answer any questions you may have, or direct you to the appropriate resource for more information.

**Contact our Welcome Center today to get started!
715.847.2613 or (toll-free) 833.811.4176**

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.

- 888.632.2738
- MDLIVE.com/aspirushealthplan
- Mobile app

RN Comprehensive Care Coordination

Managing a chronic condition or complex health issue is not always easy. Or, maybe you want to improve your health but don't know where to start. RN Comprehensive Care Coordination can help.

When you connect with Care Coordination, you will be partnered with a RN Comprehensive Care Coordinator on the Aspirus Health Resource Team who will advocate for your health while providing useful information and support. You will receive guidance that helps you to better follow to treatment plans, achieve wellness and avoid future health crises.

RN Comprehensive Care Coordinators are available to:

- Assist in coordinating care with your specialty doctors
- Help manage care in the hospital, at the clinic and at home
- Work with you and your providers to develop a personal plan to improve your health
- Help you understand treatment options so you can make the best health care decisions
- Partner with you and your doctors to identify goals and support your progress

If you would like to work with a RN Comprehensive Care Coordinator call: 715.843.1061 or email: CDMHRT-AspirusInc-Intake@aspirus.org

Active&Fit 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
- Track your fitness center visits online or by completing a paper visit submission form, and redeem your rewards online at **ActiveandFit.com**

¹The Active&Fit ExerciseRewards program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Incorporated (ASH). Active&Fit ExerciseRewards 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 Customer Service for more information.

Free Nurseline – 24/7/365

Registered nurses help you navigate through the complexity of your care, from routine medical care to the treatment of chronic conditions at 866.220.3138.

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 receive this offer, call Hear in America at 800.286.6149 and say you are an Aspirus Health Plan member

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.

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 Customer Service at the number listed on your member ID card.

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.

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.

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.

Pharmacy Benefits

Your prescription benefits are managed by Navitus and Lumicera

Benefit Highlights

- Navitus is open 24 hours a day, 7 days a week. Lumicera is open Monday-Thursday: 8 am - 7 pm CT and Friday: 8 am - 6 pm CT, with an after hours escalation process if needed. Lumicera is the prescription vendor for specialty medications and Navitus handles all other medications.
- 90-day medication supply at retail pharmacy and through mail order program; specialty medications are limited to a 30-day supply.
- Cost comparison is available through the online member portal. Sign in to your member account at **aspirushealthplan.com** and select **View My Pharmacy Information**. Select your name to be linked to the Navitus Portal, then **Cost Compare**. The tool is used to:
 - 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!

- The mail order program is run by Postal Prescription Services (PPS) in partnership with Navitus. If you are interested in signing up for the mail order program, please contact the number listed below.

Navitus and Lumicera

Customer Care 1.866.333.2757

Mobile App Account Assistance . . . 1.844.268.9789

Postal Prescription Services (PPS) 1.800.552.6694

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** and select **For members/ Pharmacy**. This page includes information and links to drugs that require prior authorization, instructions on how to obtain prior authorization, and a guide to drugs that are preferred by your health plan and offered at lower copay levels.



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/Insurance/PriorAuthorization.

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, sign in to your online account at aspirushealthplan.com, then select **Medical Policy**.

Before receiving medical services, please call Customer Service 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.

Questions about prior authorization

Contact Customer Service at 866.631.5404 Monday-Friday, 7 am - 7 pm



How Claims Work

Claim denials

If a claim is denied, in whole or in part, you will receive written notice of the denial and the reasons for the denial. The notice will also inform you of the right to file a grievance and the procedure to follow. Prior authorization denials will be considered claim denials and will follow the same notification process.

How to voice a complaint or file a grievance

We want to make sure the plan is working for you and welcome your feedback. If you have a complaint or want to file a grievance, please contact the Aspirus Health Plan Customer Service Department at **866.631.5404**. We strive to resolve all complaints verbally; however, you have the option to submit a formal grievance in writing if your complaint is not handled to your satisfaction. The grievance procedure is used to resolve all complaints regarding plan administration or benefit denials. Your grievance will be considered by a review panel consisting of Aspirus Health Plan representatives, a clinical representative, and a member representative.

Important: *if you are a new member with Aspirus Health Plan you may receive a request for Coordination of Benefits from us via mail. It's important to respond to this request timely, as claims will be held for you until a response is received.*

Your right to an independent external review

Aspirus Health Plan is required to provide an Independent External Review process for certain denials for claims or services. The plan member or authorized representative may request that an Independent Review Organization.

(IRO) review a health plan's decision regarding the following: (1) services that were deemed not medically necessary; (2) services that were considered experimental or investigational; or (3) we denied a request for health care services from an out-of-network health care provider whose clinical expertise you feel may be medically necessary for treatment and the expertise is not available from an in-network health care provider. You may also request an independent external review for any decision regarding a rescission of a policy or contract.

An independent external review is generally available only after you have completed the grievance procedure through Aspirus Health Plan. You must write to the Grievance Coordinator requesting an independent external review of the case within four months from the date of your grievance. You should include an explanation of why you believe that the treatment should have been covered and include any additional documentation or information that supports your position. Within five days of the receipt of your request, we will assign your case to an accredited IRO using an unbiased random selection process. The IRO has 45 business days to respond with a decision unless you qualify for an expedited independent review. In that case, the IRO has 72 hours to respond with a decision. The IRO's decision may be binding on the insured and the insurer, unless other remedies are available under state or federal law.

For information about claims, complaints or grievances visit **aspirushealthplan.com**.

Member Rights and Responsibilities

Aspirus Health Plan is committed to maintaining a mutually respectful relationship with you that promotes high-quality, cost-effective health care. The member rights and responsibilities listed below set the framework for cooperation among you, practitioners, and us.

As our member, you have the following rights and responsibilities

1. A right to receive information about us, our services, our participating providers and your member rights and responsibilities.
2. A right to be treated with respect and recognition of your dignity and right to privacy.
3. A right to available and accessible services, including emergency services, 24 hours a day, 7 days a week.
4. A right to be informed of your health problems and to receive information regarding treatment alternatives and risks that are sufficient to assure informed choice.
5. A right to participate with providers in making decisions about your health care.
6. A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
7. A right to refuse treatment.
8. A right to privacy of medical and financial records maintained by us and our participating providers in accordance with existing law.
9. A right to voice complaints and/or appeals about our policies and procedures or care provided by participating providers.
10. A right to file a complaint with us and the Wisconsin Office of the Commissioner of Insurance and to initiate a legal proceeding when experiencing a problem with us. For information, contact the Wisconsin Office of the Commissioner of Insurance at 1.800.236.8517 and request information.
11. A right to make recommendations regarding our member rights and responsibilities policies.
12. A responsibility to supply information (to the extent possible) that participating providers need in order to provide care.
13. A responsibility to supply information (to the extent possible) that we require for health plan processes such as enrollment, claims payment and benefit management, and providing access to care.
14. A responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
15. A responsibility to follow plans and instructions for care that you have agreed on with your providers.
16. A responsibility to advise us of any discounts or financial arrangements between you and a provider or manufacturer for health care services that alter the charges you pay.



Aspirus Health Plan
Your Connection to Better Health

MyAspirus Connects You Directly With Your Aspirus Health Care Provider

Contact your Aspirus Health Clinic in person or by phone to obtain an access code. Then, go to **MyAspirus.org/MyChart** and login. You will have access to portions of your electronic medical record, including:

- Appointment information
- Immunizations
- Lab results
- Prescription medications
- 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.

The screenshot displays the MyAspirus website interface. At the top, the Aspirus logo and the MyAspirus title are visible. The main content area is divided into several sections, each with an icon and a title:

- COVID-19:** Stay up-to-date on the latest COVID-19 vaccine availability information per your state, and the phase you belong to. Find a wealth of information on the Aspirus website, under **Coronavirus (COVID-19) Resource Center**.
Who will get the COVID-19 Vaccine first? **Request a COVID-19 Vaccine**
- If you think you might have COVID-19**: If you think you might have COVID-19, log in and complete the COVID-19 Symptom Checker to see if you should be tested. If your responses match the criteria established for testing, you will be prompted to schedule an appointment at an Aspirus testing site of your choice.
- Access your test results**: No more waiting for a phone call or letter – view your results online. If you are tested for COVID-19, your results will be posted in MyAspirus as soon as they are available. This is the quickest way to receive your results.
- Do your part; stay apart**: As COVID continues to surge, we thank you for making a difference in our community. Please be vigilant and continue to wear a mask, socially distance, and wash your hands. We're all in this together!
- E-Visits**: Get evaluated without ever leaving your home; be seen through an e-visit after logging into MyAspirus.
- View and pay bills**: View your bills and make a payment.
- Manage your appointments**: Schedule your next appointment, or view details of your past (and upcoming) appointments.
- On-demand, 24/7/365 Health Care**: Aspirus Video Visits instantly connect you to dedicated providers with no appointment needed. Talk with a provider about minor illnesses and conditions – all for only \$45. Click [here](#) to learn more.

On the right side of the interface, there is a login section with a text input for "MyAspirus Username", a password input, and a "Sign in" button. Below the login section are links for "Forgot Username?", "Forgot Password?", and "New User?". Further down are buttons for "Sign up with Activation Code" and "Sign up without Activation Code". At the bottom right, there are several green buttons: "One Time Payment", "Video Visits Checklist", "Guest Estimates", and "Frequently Asked Questions".



Customer Service

Monday–Friday, 7 am– 7 pm CT

866.631.5404

TTY: 866.631.8597

Language assistance is available through Customer Service.

aspirushealthplan.com



**SUMMARY OF PLAN CHANGES
City of Wisconsin Rapids**

**PLEASE READ CAREFULLY – THIS NOTIFICATION CONTAINS IMPORTANT
INFORMATION ABOUT YOUR HEALTH COVERAGE**

We are updating your current Certificate of Coverage (COC) to reflect changes to your coverage.

Effective January 1, 2024, your Certificate of Coverage will change as follows:

- 1. Increased deductible and out-of-pocket** - As a result of federal IRS rules pertaining to high-deductible health plans that are eligible for a health-savings account, the deductible and out-of-pocket limits will be increased as follows:

PROVISION/BENEFIT	PARTICIPATING PROVIDERS What you pay	NON-PARTICIPATING PROVIDERS What you pay*
Deductible:		
Single Coverage	\$1,600	\$1,600
Family Coverage	\$3,200	\$3,200
Participating and non-participating deductible amounts mutually satisfy one another.	The single coverage deductible does not apply under a family plan. One or more members of the family must meet the family coverage deductible before benefits are paid.	
Coinsurance		
Coinsurance	10%	30%
Annual Out-of-Pocket Limit (includes deductible and coinsurance):		
Single Coverage	\$2,200	\$4,400
Family Coverage	\$4,400	\$8,800
Participating and non-participating annual out-of-pocket amounts mutually satisfy one another.	The single coverage out-of-pocket limit does not apply under a family plan. One or more members of the family must meet the family coverage out-of-pocket limit before benefits are paid.	

- 2. Prescription Drug Services:** Addition of the access guidance services program, which may work to obtain copay assistance on your behalf.
- 3. Telehealth Services (MDLive):** Benefits for telehealth services will be subject to standard member cost sharing provisions in 2024.
- 4. COVID-19 testing at a Hospital or Clinic:** Benefits for COVID-19 testing performed at a hospital or clinic will again be subject to standard member cost sharing provisions in 2024.
- 5. COVID-19 testing at a Pharmacy:** Member will be responsible for payment of COVID-19 testing performed at a pharmacy but may seek reimbursement of up to \$12 by submitting a Direct Member Reimbursement (DMR) form to Navitus. The DMR form is available on the Navitus website.
- 6. Over the Counter (OTC) COVID-19 testing kits:** Over the counter COVID-19 testing kits will be excluded from coverage.

Your new Certificate of Coverage will be available online within 30 days after your plan’s renewal date. If you would prefer to receive a paper copy, please contact Member Services at 866.631.5404.

Please note that this is not a complete description of changes. Other changes include updates and clarification to existing language without changing the intent or benefit. We encourage you to review the new contract to ensure a complete understanding of your coverage.



**CITY OF WISCONSIN RAPIDS
BENEFIT OUTLINE
EFFECTIVE: JANUARY 1, 2024**



PROVISION/BENEFIT	PARTICIPATING PROVIDERS What you pay	NON-PARTICIPATING PROVIDERS What you pay*
Deductible:		
Single Coverage	\$1,600	\$1,600
Family Coverage	\$3,200	\$3,200
Participating and non-participating deductible amounts mutually satisfy one another.	The single coverage deductible does not apply under a family plan. One or more members of the family must meet the family coverage deductible before benefits are paid.	
Coinsurance		
Coinsurance	10%	30%
Annual Out-of-Pocket Limit (includes deductible and coinsurance):		
Single Coverage	\$2,200	\$4,400
Family Coverage	\$4,400	\$8,800
Participating and non-participating annual out-of-pocket amounts mutually satisfy one another.	The single coverage out-of-pocket limit does not apply under a family plan. One or more members of the family must meet the family coverage out-of-pocket limit before benefits are paid.	
Covered Expenses (not including covered drugs and covered supplies dispensed by a pharmacy)		
PROVISION/BENEFIT	PARTICIPATING PROVIDERS What you pay	NON-PARTICIPATING PROVIDERS What you pay
Allergy care	Deductible and Coinsurance	Deductible and Coinsurance
Ambulance services	Deductible and Coinsurance	Participating Provider Deductible and Coinsurance
Anesthesia services	Deductible and Coinsurance	Deductible and Coinsurance
Autism Services	Deductible and Coinsurance	Deductible and Coinsurance
Behavioral health services	Deductible and Coinsurance	Deductible and Coinsurance
Chiropractic office visit/manipulations	Deductible and Coinsurance	Deductible and Coinsurance
Colonoscopy-routine screening Limited to the first one each five years; additional colonoscopies in the five-period are subject to deductible and coinsurance	0% (deductible waived)	Deductible and Coinsurance
Colonoscopy – non-routine	Deductible and Coinsurance	Deductible and Coinsurance
Contraceptives	0% (deductible waived)	Deductible and Coinsurance
Custom-molded orthotics for the feet	Deductible and Coinsurance	Deductible and Coinsurance
Diagnostic x-ray and laboratory services – outpatient	Deductible and Coinsurance	Deductible and Coinsurance
Durable medical equipment	Deductible and Coinsurance	Deductible and Coinsurance

PROVISION/BENEFIT	PARTICIPATING PROVIDERS What you pay	NON-PARTICIPATING PROVIDERS What you pay*
Emergency room services	Deductible and Coinsurance	Participating Provider Deductible and Coinsurance
Hearing aids and implantable hearing devices Limited to children under the age of 18; hearing aids limited to one aid per ear once every three years	Deductible and Coinsurance	Deductible and Coinsurance
Home care – limited to 40 visits per year	Deductible and Coinsurance	Deductible and Coinsurance
Hospital inpatient services	Deductible and Coinsurance	Deductible and Coinsurance
Immunizations	0% (deductible waived)	0% (deductible waived)
Injections (other than immunizations)	Deductible and Coinsurance	Deductible and Coinsurance
Kidney disease treatment	Deductible and Coinsurance	Deductible and Coinsurance
Lead poisoning screening	0% (deductible waived)	100% (Not Covered)
Lenses and frames or external contact lenses: Coverage limited to following cataract surgery; aphakia and keratoconus	Deductible and Coinsurance	Deductible and Coinsurance
Mammograms: non-routine Includes coverage for 3-D mammograms	Deductible and Coinsurance	Deductible and Coinsurance
Mammograms: routine Includes coverage for 3-D mammograms Limited to one per calendar year	0% (deductible waived)	0% (deductible waived)
Maternity services	Deductible and Coinsurance	Deductible and Coinsurance
Medical supplies	Deductible and Coinsurance	Deductible and Coinsurance
Nutritional counseling	0% (deductible waived)	Deductible and Coinsurance
Office visits	Deductible and Coinsurance	Deductible and Coinsurance
Oral surgical services Limited to the 12 procedures listed in the Policy	Deductible and Coinsurance	Deductible and Coinsurance
Preventive care services (includes routine eye exams for children and adults)	0% (deductible waived)	100% (Not Covered)
Shoes: diabetic and orthopedic	Deductible and Coinsurance	Deductible and Coinsurance
Surgical services, other than oral surgical services	Deductible and Coinsurance	Deductible and Coinsurance
Telehealth visits (through our approved telehealth service provider)	Deductible and Coinsurance	100% (Not Covered)
Telemedicine (not the same as telehealth)	Deductible and Coinsurance	Deductible and Coinsurance
Temporomandibular Joint Disorder Treatment	Deductible and Coinsurance	Deductible and Coinsurance
Therapy visits (physical/speech/occupational)	Deductible and Coinsurance	Deductible and Coinsurance
Transplant services	Deductible and Coinsurance	100% (Not Covered)
Vision examinations – non-routine	Deductible and Coinsurance	Deductible and Coinsurance
All other health care services – unless otherwise stated in your Policy	Deductible and Coinsurance	Deductible and Coinsurance

Covered Drugs and Covered Supplies	
Prescription drugs and certain diabetic supplies <i>(Drugs and covered supplies dispensed by a non-participating pharmacy are not covered.)</i>	Participating Provider Deductible and Coinsurance
Preventive drugs – as required by the Affordable Care Act and defined in the Policy Also includes additional preventive drugs at no cost to you (refer to \$0 Drug List for details).	0% (Deductible waived)

**Out-of-network services are subject to usual, reasonable and customary ("UCR") amounts. The UCR amount may be less than what the health care provider bills and you may be responsible for the difference between what the health care provider bills and the UCR amount (often referred to as "balance billing"). These amounts do not apply to the overall deductible and out-of-pocket maximums noted above.*


Summary of Benefits and Coverage: What this Plan Covers & What You Pay for Covered Services

City of Wisconsin Rapids - POS HDHP \$1,600 Deductible



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit <https://www.aspirushealthplan.com/group-individual/files/COCs/>. For definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-866-631-5404 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	In-network: \$1,600/\$3,200 (individual/family). Out-of-network: \$1,600/\$3,200 (individual/family).	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive care services are covered before you meet your deductible.	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	In-network: \$2,200/\$4,400 (individual/family). Out-of-network: \$4,400/\$8,800 (individual/family).	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premiums, balance-billing charges, penalties on preauthorization services and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider?	Yes. See https://p1.aspirushealthplan.com/find-a-doctor or call 1-866-631-5404 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of-network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	10% coinsurance	30% coinsurance	Web based online care/MDLive covered.
	Specialist visit	10% coinsurance	30% coinsurance	None
	Preventive care/screening/immunization	No charge (deductible does not apply)	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	10% coinsurance	30% coinsurance	Certain genetic tests and high-technology imaging require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
	Imaging (CT/PET scans, MRIs)	10% coinsurance	30% coinsurance	Certain genetic tests and high-technology imaging require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at https://www.aspirushealthplan.com/group-individual/drug-formularies/	Generic drugs	Retail: 10% coinsurance . Mail: 10% coinsurance	Not covered	Deductible does not apply to prescription drugs purchased from a pharmacy. Covers up to a 30-day supply retail/90-mail order. If a brand drug is dispensed when a generic is available, you are responsible for cost difference between the brand and generic which does not count toward your out-of-pocket limit . Drugs provided by an entity other than a pharmacy require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
	Preferred brand drugs	Retail: 10% coinsurance . Mail: 10% coinsurance	Not covered	Deductible does not apply to prescription drugs purchased from a pharmacy. Covers up to a 30-day supply retail/90-mail order. If a brand drug is dispensed when a generic is available, you are responsible for cost difference between the brand and generic which does not count toward your out-of-pocket limit . Drugs provided by an entity other than a pharmacy require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
	Non-preferred brand drugs	Retail: 10% coinsurance . Mail: 10% coinsurance	Not covered	Deductible does not apply to prescription drugs purchased from a pharmacy. Covers up to a 30-day supply retail/90-mail order. If a brand drug is dispensed when a generic is available, you are responsible for cost difference between the brand and generic which does not count toward your out-of-pocket limit . Drugs provided by an entity other than a pharmacy require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
	Specialty drugs	Retail: 10% coinsurance . Mail: 10% coinsurance	Not covered	Specialty drugs are limited to a 30-day supply. Specialty drugs require prior authorization. Benefit may not be payable if you do not obtain prior authorization.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% coinsurance	30% coinsurance	None
	Physician/surgeon fees	10% coinsurance	30% coinsurance	None
If you need immediate medical attention	Emergency room services	10% coinsurance	10% coinsurance	None
	Emergency medical transportation	10% coinsurance	10% coinsurance	None
	Urgent care	10% coinsurance	10% coinsurance	None
If you have a hospital stay	Facility fee (e.g., hospital room)	10% coinsurance	30% coinsurance	All non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
	Physician/surgeon fees	10% coinsurance	30% coinsurance	All non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	10% coinsurance	30% coinsurance	None
	Inpatient services	10% coinsurance	30% coinsurance	All non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
If you are pregnant	Office visits	10% coinsurance	30% coinsurance	Cost sharing does not apply for preventive services. Depending on the type of services, copayment, coinsurance , deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). All non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
	Childbirth/delivery professional services	10% coinsurance	30% coinsurance	Cost sharing does not apply for preventive services. Depending on the type of services, copayment, coinsurance , deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). All non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
	Childbirth/delivery facility services	10% coinsurance	30% coinsurance	Cost sharing does not apply for preventive services. Depending on the type of services, copayment, coinsurance , deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). All non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you do not obtain prior authorization.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	10% coinsurance	30% coinsurance	Coverage is limited to 40 visits/year.
	Rehabilitation services	10% coinsurance	30% coinsurance	None
	Habilitation services	10% coinsurance	30% coinsurance	None
	Skilled nursing care	10% coinsurance	30% coinsurance	Coverage is limited to 30 days per confinement in a skilled nursing facility. All non-emergent admissions require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
	Durable medical equipment	10% coinsurance	30% coinsurance	Prior authorization required for: - All CPAP purchases and rentals - Purchases over \$1,000 - Rentals over \$750 Benefits may not be payable if you do not obtain prior authorization.
	Hospice service	10% coinsurance	30% coinsurance	Hospice service s require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
If your child needs dental or eye care	Children's eye exam	No charge (deductible does not apply)	Not covered	None
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

Excluded Services & Other Covered Services:

Services your [plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|-------------------------|---------------------|--|
| • Acupuncture | • Bariatric surgery | • Cosmetic surgery |
| • Infertility treatment | • Long-term care | • Non-emergency care when traveling outside the U.S. |
| • Private-duty nursing | • Routine foot care | • Weight loss programs |

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|---------------------|--|----------------------------|
| • Chiropractic care | • Hearing aids (every 3 years, up to age 19) | • Routine eye care (Adult) |
|---------------------|--|----------------------------|

Your rights to Continue Coverage:

There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: for the U.S. Department of Labor, Employee Benefits Security Administration 1-866-444-3272 or www.dol.gov/ebsa, or the Department of Health and Human Services at 1-877-267-2323 x 61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights:

There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Aspirus Health Plan at 1-800-223-6898. You may also contact your state insurance department at 1-800-236-8517 or the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards?

If your [plan](#) doesn't meet the [Minimum Value Standards](#) you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 866-631-5404.

Hmong (Hmoob): Kev pab nyob rau hauv Hmoob hu 866-631-5404.

Traditional Chinese (傳統中文): 有關中文協助,請致電 866-631-5404.

German (Deutsch): Für Hilfe in deutscher Sprache rufen 866-631-5404.

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

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About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#), and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The plan's overall deductible	\$1,600
■ Specialist coinsurance	10%
■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%

This EXAMPLE event includes services like:

[Specialist](#) office visits (prenatal care)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests](#) (ultrasounds and blood work)
[Specialist](#) visit (anesthesia)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$1600
Copayments	\$0
Coinsurance	\$600
What isn't covered	
Limits or Exclusions	\$60
The total Peg would pay is	\$2,260

Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The plan's overall deductible	\$1,600
■ Specialist coinsurance	10%
■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%

This EXAMPLE event includes services like:

[Primary care physician](#) office visits (including disease education)
[Diagnostic tests](#) (blood work)
[Prescription drugs](#)
[Durable Medical Equipment \(glucose meter\)](#)

Total Example Cost	\$5,600
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1600
Copayments	\$0
Coinsurance	\$400
What isn't covered	
Limits or Exclusions	\$30
The total Joe would pay is	\$2,030

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The plan's overall deductible	\$1,600
■ Specialist coinsurance	10%
■ Hospital (facility) coinsurance	10%
■ Other coinsurance	10%

This EXAMPLE event includes services like:

[Emergency room care](#) (including medical supplies)
[Diagnostic tests](#) (x-ray)
[Durable medical equipment](#) (crutches)
[Rehabilitation services](#) (physical therapy)

Total Example Cost	\$2,800
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1600
Copayments	\$0
Coinsurance	\$100
What isn't covered	
Limits or Exclusions	\$0
The total Mia would pay is	\$1,700

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

Nondiscrimination & Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. We do not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

We will:

Provide free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provide free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact us at the phone number shown on the inside cover of this contract, your id card, or aspirushealthplan.com.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity, you can file a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1.866.631.5404 (TTY: 711)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 711).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 711)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelezle 1.866.631.5404 (ATS : 711).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 711).

Hindi: _यान द_ : य_द आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1.866.631.5404 (TTY: 711) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 711)번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 711)

Traditional Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY:711)。

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 711).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebbergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 711).

Lao: ໄປ່ດຊາຍ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY:711).

Signature Network for Group Health Plans

A high-quality, cost-effective, and local network

Aspirus Health Plan’s Signature Network represents the full continuum of health care services, including more than 800 Aspirus physicians and specialists. It is comprised of Aspirus-employed physicians and independent physicians, numerous hospitals, ambulatory surgery centers, and other allied health care professionals and facilities.

The Signature Network also offers:

- More than 51 specialties
- Comprehensive network of outpatient centers and physician clinics
- Home health care and hospice services
- Ambulatory surgery services

Aspirus Health Hospitals in Wisconsin

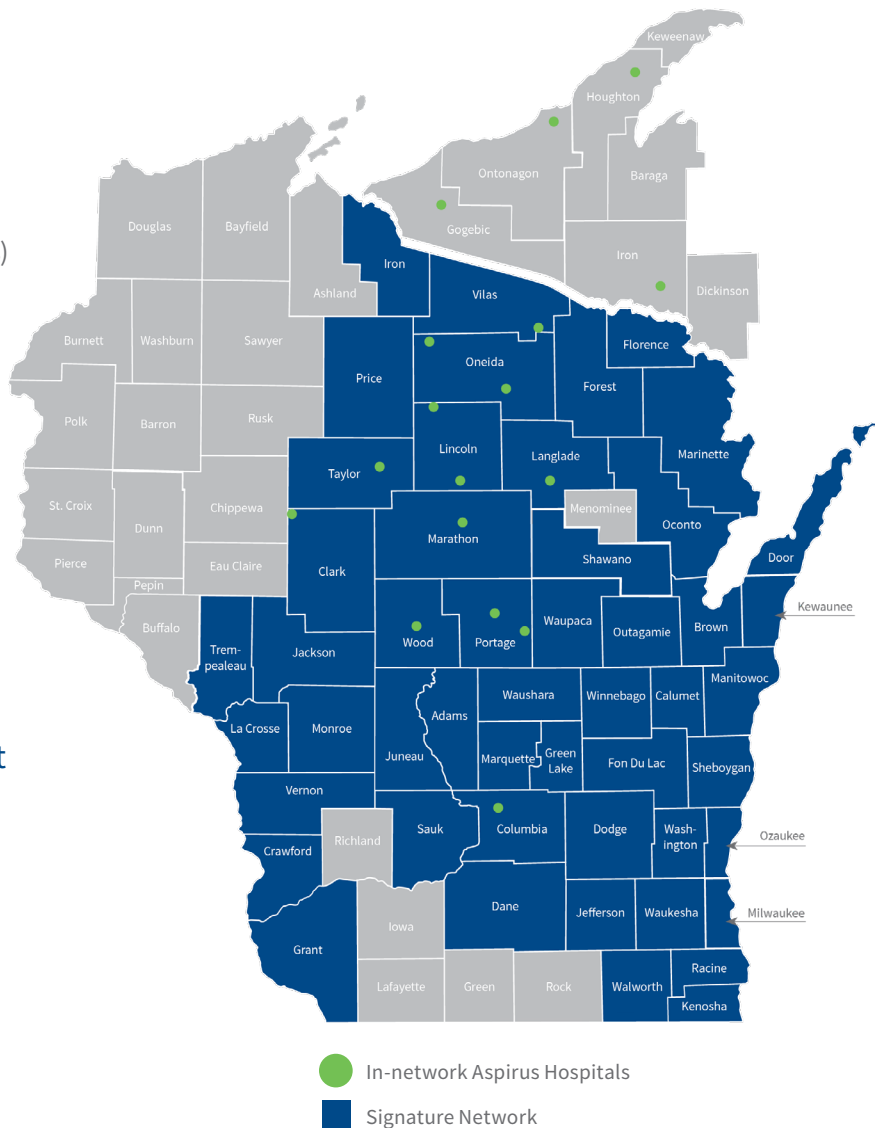
- Aspirus Divine Savior Hospital (Portage)
- Aspirus Eagle River Hospital
- Aspirus Langlade Hospital (Antigo)
- Aspirus Medford Hospital
- Aspirus Merrill Hospital
- Aspirus Plover Hospital (Stevens Point)
- Aspirus Rhinelander Hospital
- Aspirus Riverview Hospital (Wisconsin Rapids)
- Aspirus Stanley Hospital
- Aspirus Stevens Point Hospital
- Aspirus Tomahawk Hospital
- Aspirus Wausau Hospital
- Howard Young Medical Center (Woodruff)

Aspirus Health Hospitals in Michigan’s Upper Peninsula

- Aspirus Iron River Hospital
- Aspirus Ironwood Hospital
- Aspirus Keweenaw Hospital (Laurium)
- Aspirus Ontonagon Hospital

Other in-network hospitals throughout Wisconsin include:

- Aurora Health Care
- Bellin Health
- Children’s Wisconsin
- Gundersen Health System
- Reedsburg Area Medical Center
- The Medical College of Wisconsin
- ThedaCare
- UW Health



Plans and products are available to businesses in the following counties: Adams, Clark, Columbia, Florence, Forest, Iron, Juneau, Langlade, Lincoln, Marathon, Marquette, Oneida, Portage, Price, Sauk, Shawano, Taylor, Vilas, Waushara and Wood.

List of providers

Counties	Hospitals in County	Major Providers in County
Brown	Aurora BayCare Medical Center, Bellin Memorial	Aurora Medical Group, Bellin Health Partners, Children's Wisconsin
Calumet	Aurora Medical Center Manitowoc, ThedaCare Regional Medical Center - Appleton	Bellin Health Partners, ThedaCare Physicians
Columbia	UW Hospital and Clinics	UW Health System
Crawford	Gundersen Boscobel Area Hospital and Clinics, Gundersen St. Joseph's Hospital and Clinics, UW Hospital and Clinics	Gundersen Health System, UW Health System
Dane	American Family Children's Hospital, UW Hospital and Clinics	UW Health System, Children's Wisconsin
Dodge	Aurora Oshkosh, Aurora Washington Co., ThedaCare Medical Center - Berlin	Aurora Medical Group, UW Hospitals and Clinics
Door	Aurora BayCare, Aurora Manitowoc, Bellin Memorial	Aurora Medical Group, Bellin Health Partners
Fond du Lac	Aurora Medical Center Oshkosh, Aurora Medical Center Washington Co. Aurora Sheboygan	Aurora Medical Group
Grant	Gundersen Boscobel Area Hospital and Clinics	Gundersen Boscobel Area Hospital and Clinics
Green Lake	ThedaCare Medical Center-Berlin	ThedaCare Physicians
Jackson	Aspirus Riverview, Gundersen Lutheran, Gundersen Tri-County	Gundersen Health System, Children's Wisconsin
Jefferson	UW Hospital and Clinics	UW Health System
Kenosha	Aurora Medical Center Kenosha	Aurora Medical Group, Children's Wisconsin
Kewaunee	Aurora Medical Center Manitowoc	Aurora Medical Group, BayCare Clinic, Bellin Health Partners
La Crosse	Gundersen Lutheran	Gundersen Health System
Manitowoc	Aurora Medical Center Manitowoc	Aurora Medical Group
Marinette	Aurora Medical Center - Bay Area	Aurora Medical Center - Bay Area, Bellin Health Partners, Northreach Healthcare
Marquette	ThedaCare Medical Center - Berlin, ThedaCare Medical Center - Wild Rose	ThedaCare Physicians
Milwaukee	Aurora Sinai, Aurora St. Luke's, Aurora St. Luke's South Shore, Aurora West Allis, Children's Wisconsin	Aurora Medical Group, The Medical College of Wisconsin, Children's Wisconsin
Monroe	Gundersen Lutheran, Gundersen St. Joseph's	Gundersen Health System
Oconto	Bellin Health Oconto Hospital	Aurora Medical Group, Bellin Health Partners
Outagamie	ThedaCare Regional Medical Center-Appleton	Aurora Medical Group, ThedaCare Physicians
Ozaukee	Aurora Medical Center Grafton	Aurora Medical Group, Children's Wisconsin
Racine	Aurora Memorial of Burlington	Aurora Medical Group, Children's Wisconsin
Sauk	UW Hospital and Clinics, Reedsburg Area Medical Center	UW Health System, Reedsburg Area Medical Center
Shawano	ThedaCare Medical Center-Shawano	Aurora Medical Group, Bellin Health Partners, ThedaCare Physicians
Sheboygan	Aurora Sheboygan Memorial Medical Center	Aurora Medical Group
Trempealeau	Gundersen Tri-County Hospital and Clinics	Gundersen Tri-County Hospital and Clinics, Gundersen Health System
Vernon	Gundersen St. Joseph's Hospital and Clinics	Gundersen Health System, Gundersen St. Joseph's Hospital and Clinics
Walworth	Aurora Lakeland Medical Center	Aurora Medical Group, Children's Wisconsin
Washington	Aurora Medical Center Washington Co.	Aurora Medical Group, Children's Wisconsin
Waukesha	Aurora Summit, Oconomowoc Memorial, Waukesha Memorial	Aurora Medical Group, Children's Wisconsin
Waupaca	ThedaCare Medical Center-New London, ThedaCare Medical Center-Waupaca	Aurora Medical Group, ThedaCare Physicians
Waushara	ThedaCare Medical Center-Wild Rose	ThedaCare Physicians
Winnebago	Aurora Medical Center-Oshkosh, Children's Wisconsin, ThedaCare Regional Medical Center-Neenah	Aurora Medical Group, ThedaCare Physicians, The Medical College of Wisconsin, Children's Wisconsin

Network Outside of Wisconsin

Comprehensive access to health care providers nationwide

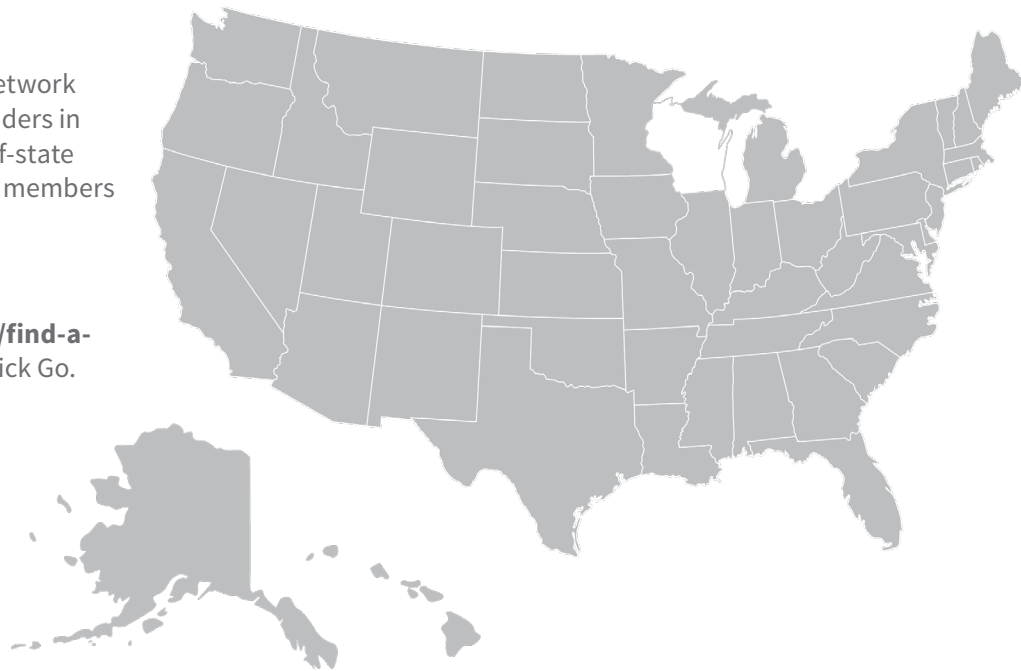
Group Members can enjoy access to in-network benefits when they visit in-network providers in 49 states outside of Wisconsin. The out-of-state network functions as a wrap network for members living and traveling outside of Wisconsin.

Locating In-Network Providers

Visit <https://p1.aspirushealthplan.com/find-a-doctor>. Enter your Group Number, and click Go.

Visitors

If you are visiting our website, go to <https://p1.aspirushealthplan.com/find-a-doctor>. Select the I Agree button. You will be redirected to a page where you can search for a health care provider.



■ Network covers all 49 states outside Wisconsin.

If you choose to receive care from a non-participating provider, you will incur higher out-of-pocket costs.



Providers are subject to change.
For current information and to confirm a provider is in-network visit [aspirushealthplan.com](https://p1.aspirushealthplan.com).

Call 833.811.4176 to select an Aspirus primary care practitioner.



Preventive Health Care Services Schedule



No-cost care helps you stay on top of your health

Aspirus Health Plan puts an emphasis on keeping you healthy. We include a 100% benefit for preventive services when performed by a participating provider. This means no deductible, copay or maximum dollar limit for routine exams and preventive services. We are proud to offer a range of services to our members, including all preventive services rated A or B by the United States Preventive Services Task Force (USPSTF). The effective date of a preventive service corresponds to the effective date of your current health plan. For a complete list of covered preventive services, please visit the USPSTF website (uspreventiveservicestaskforce.org) or call Member Services at **866.631.5404, Monday - Friday, 7 am - 7 pm.**

Preventive Services	Participating Providers	Non-Participating Providers
<p>Routine physical exams (Including pelvic exams, pap smears every 3 years, or related routine screening services)</p>	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
<p>Well-child visits (Including related routine screening services)</p>	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
<p>Routine immunizations Age-appropriate immunizations as recommended by the Advisory Committee on Immunization Practices. Immunizations for travel purposes are not covered.</p>	100% coverage, no cost-sharing	POS plans: 100% coverage, no cost-sharing HMO plans: No benefits
<p>Mammograms Covered expenses include one routine screening exam per calendar year (3D included) beginning at age 40, for women and men. A routine screening mammogram is a specific procedure performed for detection of a clinically unrevealed disease. A diagnostic mammogram is a specific procedure performed when the covered person has a symptom or history of breast abnormality or cancer.</p>	100% coverage, no cost-sharing	POS plans: cost sharing out of network HMO plans: no benefits
<p>Screening colonoscopies/sigmoidoscopy/fecal occult blood testing Covered expenses include routine screening or diagnostic testing per five-year period for covered persons age 45 and over. A routine screening test is a procedure performed for detection of a clinically unrevealed disease and includes routine screening colonoscopies, stool-based tests, CT colonography and flexible sigmoidoscopy. A diagnostic colonoscopy is a procedure performed when the covered person has a symptom or history of colon abnormality, polyps, or cancer.</p> <p>Colorectal cancer is the second-leading cause of cancer death in the United States. Colorectal cancer is most frequently diagnosed among adults ages 65 to 74 years; the median age at death from colorectal cancer is 68 years.</p>	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
<p>Bone density test to screen for osteoporosis Covered expenses include one-time routine screening exam for women age 65 and over.</p>	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
<p>Routine vision screening exams including refractions*</p>	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
<p>Abdominal aortic aneurysm screening</p>	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits

Preventive Services, continued	Participating Providers	Non-Participating Providers
<p>Pregnancy screenings including, but not limited to:</p> <ul style="list-style-type: none"> • Hepatitis B • Asymptomatic bacteriuria • Rh incompatibility • Iron deficiency anemia • Chlamydia, Gonorrhea, Syphilis • Healthy weight 	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
<p>Screening and intervention services (including counseling and education) for:</p> <ul style="list-style-type: none"> • Genetic testing for breast and ovarian cancer in women, once per lifetime • Breastfeeding • Tobacco use and diseases caused by tobacco use • Alcohol and drug use • Diet and physical activity • Obesity • Sexually transmitted infections (STIs) 	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
<p>Preventive care drug** Means a prescription drug whose routine use is rated A or B by the USPSTF. These drugs require a written prescription order from a practitioner and are limited to the following:</p> <ul style="list-style-type: none"> • Aspirin after 12 weeks of gestation in women who are at high risk for preeclampsia • Fluoride supplements for children older than six months, through age 16 • Folic acid for women planning or capable of pregnancy • Oral contraceptives, contraceptive patches, contraceptive vaginal rings, and contraceptive devices • Nicotine replacements and covered drugs used for smoking cessation if the covered person is age 18 or over • Risk-reducing medications, such as tamoxifen or raloxifene, for women age 35 and older, who are at increased risk for breast cancer and at low risk for adverse medication effects • Low/moderate-dose statins (ages 40-75) with at least one cardiovascular disease risk factor and a 10-year calculated risk of at least 10% • HIV infection prevention medications 	100% coverage, no cost-sharing	No benefits
<p>Preventive services for women, as recommended by the Health Resources and Services Administration:</p> <ul style="list-style-type: none"> • Screening for gestational diabetes in pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes • Human papilloma virus DNA testing in women age 30 and older once every five years • Behavioral counseling on sexually transmitted infections (STI) for sexually active adolescent and adult women at increased risk for STIs • Annual counseling and screening for HIV infection for all sexually active women • All FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity • Comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment • Annual screening and counseling for interpersonal and domestic violence 	100% coverage, cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits

The above preventive services are covered subject to the terms and conditions set forth in your Aspirus Health Plan Certificate of Coverage. Age-appropriate screenings are set by the United States Preventive Services Task Force and are subject to change.

*Vision exams are not part of the USPSTF list but are covered for small and large groups.

**Additional preventive drugs available on some plans.



Large Group and Self-Funded – High Deductible Health Plan Preventive Drug List

Updated January 2024

Your employer is making an effort to reduce your health care costs by giving you tools to help you stay healthy and productive. Below are the medications your employer has chosen to be included on your Preventive Drug List. These medications help protect against or manage some high risk medical conditions. Taking these medications as directed by your prescriber can help avoid serious health problems. That may mean fewer doctor visits and hospitalizations, reducing your total health care costs.

In the drug list below, generic drugs are shown in lowercase type. Brand name drugs are shown in uppercase type.

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ADVAIR DISKUS
ADVAIR HFA INHALER
ARNUITY ELLIPTA INHALER
ASMANEX HFA INHALER
ASMANEX INHALER
BREO ELLIPTA INHALER

budesonide inh susp
DULERA INHALER
FLOVENT DISKUS INHALER
FLOVENT HFA INHALER

ANTIDEPRESSANTS

citalopram soln
citalopram tab
escitalopram soln
escitalopram tab
fluoxetine cap
fluoxetine soln
fluoxetine tab
paroxetine tab

sertraline conc
sertraline tab

ANTIDIABETICS

acarbose tab
BYDUREON BCISE AUTO INJ
BYDUREON INJ
BYDUREON PEN INJ
CHLORPROPAMIDE TAB
FIASP FLEXTOUCH INJ
FIASP INJ
FIASP PENFILL INJ
glimepiride tab
glipizide ER tab
glipizide tab
glipizide/metformin tab
glyburide micronized tab
glyburide tab
glyburide/metformin tab
HUMULIN R INJ U-500
HUMULIN R U-500 KWIKPEN INJ
INSULIN ASPART FLEXPEN INJ

- Note: The list is subject to change and not all drugs listed may be covered on your formulary. Please refer to your Navitus formulary for a complete list of covered products.



INSULIN ASPART INJ
 INSULIN ASPART MIX FLEXPEN INJ
 INSULIN ASPART MIX INJ
 INSULIN ASPART PENFILL INJ
 INSULIN GLARGINE INJ (LANTUS Equiv)
 LEVEMIR FLEXTOUCH INJ
 LEVEMIR INJ
 metformin ER tab
 metformin tab

NOVOLIN 70/30 FLEXPEN INJ
 NOVOLIN INJ
 NOVOLIN N FLEXPEN INJ
 NOVOLIN R FLEXPEN INJ
 NOVOLOG FLEXPEN INJ
 NOVOLOG INJ
 NOVOLOG MIX FLEXPEN INJ
 NOVOLOG MIX INJ
 NOVOLOG PENFILL INJ

Note: These products will be removed and replaced with Humalin/ Humalog effective 1/1/2024.

Members on Novolin and Novolog will receive advanced notice regarding this change.

OZEMPIC INJ
 pioglitazone tab
 repaglinide tab
 RYBELSUS TAB
 SEMGLEE INJ
 TOLAZAMIDE TAB
 TOLBUTAMIDE TAB
 TOUJEO MAX SOLOSTAR INJ
 TOUJEO SOLOSTAR INJ
 TRESIBA FLEXTOUCH INJ
 TRESIBA INJ
 TRULICITY INJ
 VICTOZA INJ

ANTHYPERLIPIDEMICS

atorvastatin tab 10mg
 atorvastatin tab 20mg
 atorvastatin tab 40mg

atorvastatin tab 80mg
 lovastatin tab
 pravastatin tab
 rosuvastatin tab 10mg
 rosuvastatin tab 20mg
 rosuvastatin tab 40mg
 rosuvastatin tab 5mg
 simvastatin tab

ANTHYPERTENSIVES

amlodipine/benazepril cap
 atenolol/chlorthalidone tab
 benazepril tab
 benazepril/hydrochlorothiazide tab
 bisoprolol/hydrochlorothiazide tab
 captopril tab
 CAPTOPRIL/HYDROCHLOROTHIAZIDE
 TAB
 enalapril tab
 enalapril/hydrochlorothiazide tab
 fosinopril tab
 fosinopril/hydrochlorothiazide tab
 lisinopril tab
 lisinopril/hydrochlorothiazide tab
 METOPROLOL/HYDROCHLOROTHIAZIDE
 TAB
 moexipril
 MOEXIPRIL/HYDROCHLOROTHIAZIDE
 TAB
 PROPRANOLOL/
 HYDROCHLOROTHIAZIDE TAB
 quinapril tab
 quinapril/hydrochlorothiazide tab
 ramipril cap
 trandolapril tab

- Note: The list is subject to change. Please always refer to your Navitus formulary for a complete list of covered products.



BETA BLOCKERS

atenolol tab
betaxolol tab
bisoprolol tab
carvedilol tab
labetalol tab
metoprolol ER
metoprolol tab
nadolol tab
pindolol tab
propranolol ER cap
PROPRANOLOL SOLN
propranolol tab

ENDOCRINE AND METABOLIC AGENTS - MISC.

alendronate tab
ALENDRONATE TAB 40MG

-
- Note: The list is subject to change. Please always refer to your Navitus formulary for a complete list of covered products.

Let us help you quit smoking for free!



Aspirus Health Plan can help you kick the habit and get healthy

Quitting smoking is hard but the health benefits are worth it. 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, so you can enjoy all the benefits of a healthier lifestyle!

Which drugs are covered?

Up to twice per year, your plan covers 100% of the cost for three months—a 90-day supply—of these smoking cessation aids:

- Over-the-counter nicotine replacement products, such as a patch, gum, or lozenges
- Prescription nicotine replacement products, such as a patch, inhaler, or nasal spray
- Prescription non-nicotine medications, such as Chantix or Nicotrol

Who is eligible?

These drugs are covered for members who:

- Are 18 years of age or older
- Have a prescription written by a doctor, even for over-the-counter products
- Fill the prescription at an in-network pharmacy

Did you know?

Stopping smoking is associated with the following health benefits:

- Lowered risk for lung cancer and many other types of cancer.
- Reduced risk for heart disease, stroke, and peripheral vascular disease (narrowing of the blood vessels outside your heart).
- Reduced respiratory symptoms, such as coughing, wheezing, and shortness of breath.
- Reduced risk of developing some lung diseases, such as chronic obstructive pulmonary disease—COPD.

Ready to quit?

Talk to your doctor today and visit the Wisconsin Tobacco Quit Line at ctri.wisc.edu or call **800-QUIT-NOW** (800.784.8669) for tips to help you quit. Member Services can help to answer questions as well at **866.631.5404**.

No matter your reason for quitting, we can help you get there!





Get Easy Access to Your Prescription Benefits with Navitus' Mobile App

Enjoy greater convenience at your fingertips! With our mobile app you can:

- Compare medication prices to find the lowest cost option for you
- Locate the most convenient network pharmacies
- Save your preferred pharmacies for quick and easy access
- See medication and benefit information
- Access your member ID card
- View and manage your current medications

Our mobile app features easy registration, simple navigation, and an innovative, user-friendly design to help you navigate your prescription benefits. Plus, you'll gain access to all of the helpful information you need to make informed decisions about your prescriptions and continue on the path to improved health.

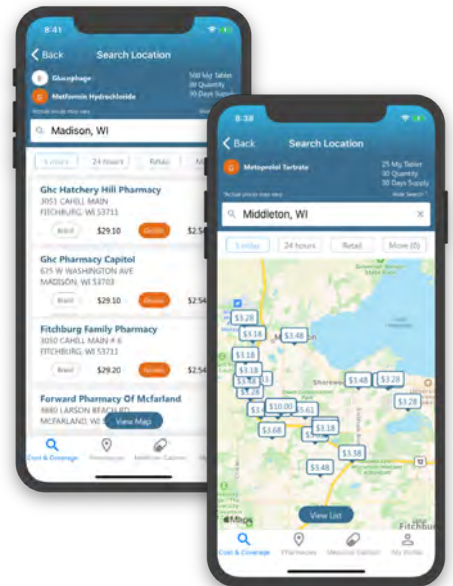
For Mobile App Account Assistance Contact Customer Care:

1.844.268.9789

Open 24 hours a day, 7 days a week

Download the Navitus Prescription Benefits mobile app today!*

*Registration is simple and secure and may require your member ID. The app is available to iOS and Android users. You must be 18 years or older and currently covered under Navitus' pharmacy benefit plan. Hover your phone's camera over the code to download the app.



Price data is for display purposes only





Details about your prescription drug plan.

Your health plan includes prescription medication coverage through **Navitus Health Solutions**. If you have questions, you can call the customer service phone number located on the back of your member ID card.

Finding drug and pharmacy information

1

ASPIRUS HEALTH PLAN

Find a Doctor | Contact Us | My Account | SIGN IN OR REGISTER

MEMBERS | HEALTH | EMPLOYERS | PROVIDERS | PLANS & PRODUCTS | PHARMACY | QUOTES

For a wide range of plans covering all seasons of life. We've got you.

What kind of Plan are you looking for?

Medicare Advantage Plans

Group and Individual Plans

Access to a quality network plus visit-to-visit like 50 primary care.

Coverage at reasonable prices - whether you're an employer or your own.

- visit [AspirusHealthPlan.com](https://www.aspirushealthplan.com)
- click **Group and Individual Plans**

2

ASPIRUS HEALTH PLAN

Find a Doctor | Contact Us | My Account | SIGN IN OR REGISTER

MEMBERS | HEALTH | EMPLOYERS | PROVIDERS | PLANS & PRODUCTS | PHARMACY | QUOTES

Aspirus Arise is now Aspirus Health Plan!

You know the Aspirus name. In Wisconsin, it stands for trust. It stands for care. And it stands for community. And with the name Aspirus Health Plan is new, our commitment to our state and our people is not.

INDIVIDUAL PLANS

SMALL GROUP PLANS

LARGE GROUP PLANS

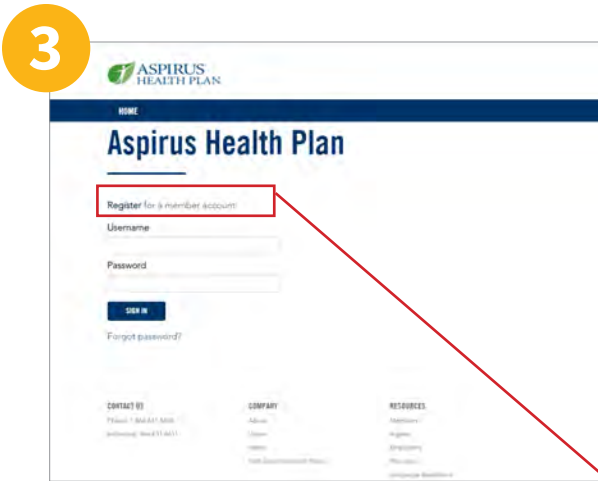
Select coverage for yourself or your family.

Get health insurance for 2-50 employees.

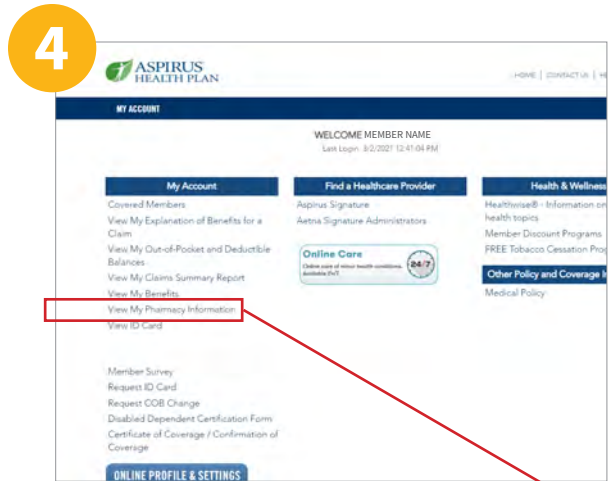
Choose a plan for 51+ employees.

SIGN IN OR REGISTER

- click **SIGN IN OR REGISTER**
(Note: You will need your ID card)



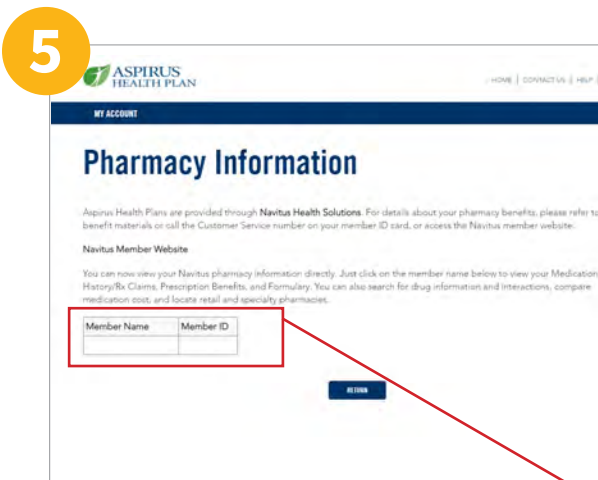
- click **Register** to create a member account
(Note: You will need your ID card.)



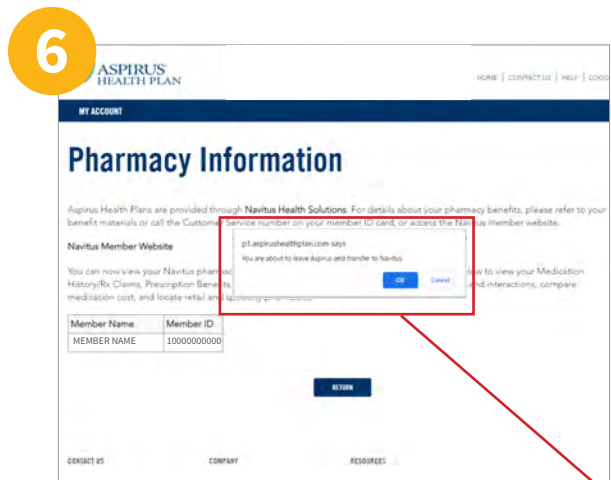
- click **View My Pharmacy Information**
(You will need your ID card.)

Already have an account

- enter your user name and password
- click **SIGN IN**



- enter your Member Name and Member ID
(Note: These are found on your ID card.)
- click **RETURN**

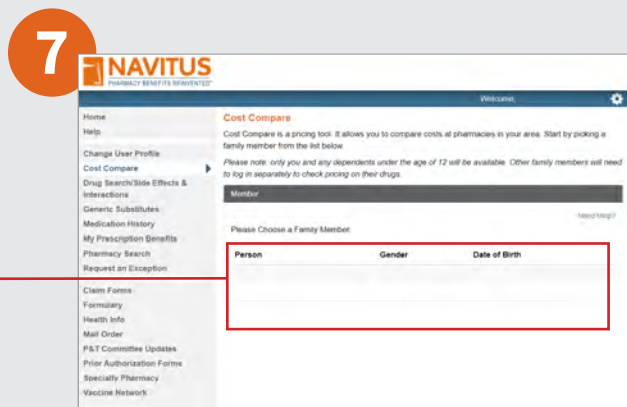


- you will be redirected to Navitus website
- click **OK**

Compare Costs and Pharmacy Locator

- click **Cost Compare**
- click the appropriate family member
(NOTE: these are listed as subscriber, spouse, dependant)

from there you will be able to compare drugs, their costs and find a pharmacy



MDLIVE.com/AspirusHealthPlan

Virtual care, anywhere. 24/7 access to Board Certified Doctors, Therapists and Dermatologists.

MDLIVE is an alternative to traditional health care. Board certified doctors can visit with you either by phone at 800.657.6169 or secure video to help treat any non-emergency medical conditions such as a fever or pink eye. Licensed behavioral health therapists offer online video therapy sessions, on your schedule from wherever you're located.

How it Works

1. Activate your account. Sign up online at MDLIVE.com/AspirusHealthPlan.
2. Choose a doctor. Select from a large network of board-certified doctors.
3. Receive care when you need it.

General Health

\$60/visit* or less

Acne
Allergies
Constipation
Cough
Diarrhea
Ear Problems
Fever
Flu
Headache
Insect Bites
Nausea
Pink eye
Rash
Respiratory problems
Sore throats
Urinary problems/UTI
Vaginitis
Vomiting
and more!

Counseling

\$90/visit* or less

Addictions
Bipolar disorders
Depression
Eating disorders
LGBTQ support
Grief and loss
Men's issues
Panic disorders
Stress
Trauma and PTSD
Women's issues
and more!

Psychiatry

\$250/visit* or less

Addictions
Bipolar disorders
Depression
Eating disorders
LGBTQ support
Grief and loss
Men's issues
Panic disorders
Stress
Trauma and PTSD
Women's issues
and more!

Dermatology

\$59/visit* or less

Acne
Alopecia
Cold sores
Eczema
Insect bites
Moles
Psoriasis
Rashes
Rosacea
Suspicious spots
Warts
and more!



Meet Sophie

Your personal health assistant! Sophie makes creating an account quick and easy using your smartphone, anytime, anywhere! **It's easy to register!**



Download the app.

Join for free. Visit a doctor.

* The visit charge may be applied to your credit card at the time of your MDLIVE visit and the claim will be automatically submitted to Aspirus Health Plan. Your credit card will be automatically credited for any Aspirus Health Plan claims payment subject to your Aspirus Health Plan benefits schedule.

Disclaimers: MDLIVE does not replace the existing primary care physician relationship. MDLIVE is not an insurance product nor a prescription fulfillment warehouse. MDLIVE operates subject to state regulation and may not be available in certain states. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA controlled substances, non-therapeutic drugs and certain other drugs which may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services. MDLIVE phone consultations are available 24/7/365, while video consultations are available during the hours of 7 am to 9 pm ET 7 days a week or by scheduled availability. MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc. and may not be used without written permission.

Need a doctor? No long wait. No big bill. Always open.

With MDLIVE, you can visit with a doctor 24/7 from your home, office or on-the-go.



Welcome to MDLIVE! Your anytime, anywhere doctor's office.

Avoid waiting rooms and the inconvenience of going to the doctor's office. Visit a doctor by phone, secure video, or MDLIVE App. Pediatricians are available 24/7, and family members are also eligible.



U.S. board-certified doctors with an average of 15 years of experience.



Consultations are convenient, private and secure.



Prescriptions can be sent to your nearest pharmacy, if medically necessary.

Your Cost:

Visit cost may vary between General Medical, Behavioral Health and Dermatology services based on your benefit coverage.

We treat over 50 routine medical conditions including:

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever
- Headache
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- Urinary Problems / UTI
- Vaginitis
- And More



Download the app.
Join for free. Visit a doctor.

MDLIVE.com/aspirushealthplan
800.657.6169

Medical concerns?



Nurseline is here to help!

Wondering whether to visit an Emergency Room or Urgent Care Center? Want information about how to care for a bug bite or sunburn? Concerned about an aging parent's memory problems?

Call Nurseline whenever you have a medical question or concern. We're here 24/7 to help you make informed decisions about caring for yourself and the people you love.

Call Toll Free
24 hours a day
866.220.3138



VITALWorkLife.com

Active&Fit ExerciseRewards™ Program Q&A



PROGRAM DESCRIPTION

Q: What is the Active&Fit ExerciseRewards program?

A: The Active&Fit ExerciseRewards program rewards members for working out. Aspirus members are eligible to participate.

Q: What is included in the Active&Fit ExerciseRewards program?

A: Members can access a fitness membership through a robust network of participating fitness centers. They can also enjoy a variety of on-demand workout videos on the Active&Fit Enterprise™ website and a tailored workout plan. Members may view the quarterly newsletter, and exclusive, clinically approved articles and resources in the online library.

Q: What kinds of fitness centers take part in the Active&Fit ExerciseRewards program should a member choose to enroll in a contracted fitness center?

A: Members may select from the following if they choose to enroll in a fitness center. Members pay a monthly fee to participate at one or multiple fitness centers that they enroll in.

- **Full Coed Fitness Centers**, which may offer exercise classes in addition to their standard membership with cardiovascular and resistance training equipment
- **Gender-Specific Fitness Centers**, which offer a standard membership and the opportunity to work out with others of the same gender
- **Fitness Studios**, which may include pools, yoga studios, and/or Pilates studios
- **Premium Fitness Network Choices**, an expanded network of options, like full-service fitness centers and studios, and unique fitness experiences, such as rock climbing and martial arts. Fees vary, depending on the fitness location members choose.

PROGRAM MEMBERSHIP

Q: How do members register for the Active&Fit ExerciseRewards program?

A: Members go to **ActiveandFit.com** and click Check Eligibility to register to use the website and online features. Members can also use a Visit Submission Form to track their workouts at a qualifying fitness center and submit for credit. Members don't need online access to participate in this way.

Q: How do members enroll in a fitness center should they choose to do so?

A: After website registration, members have the option of enrolling with an Active&Fit Enterprise contracted fitness center for a monthly fee. Enrollment in a fitness center is not a requirement for participating in the Active&Fit ExerciseRewards program.

Q: Do Active&Fit ExerciseRewards members get an Active&Fit Enterprise card?

A: The Welcome Letter includes the Active&Fit Enterprise card, along with the name and location of the member's chosen fitness center and their fitness ID number. Members who join the program online can print a paper copy of their Active&Fit Enterprise card, or download it on their phone, and bring it to the fitness center they selected.

Q: Can members who choose to enroll in a fitness center join more than one?

A: Yes, members can go to one or more participating fitness centers at a time. If members enroll into more than one Premium fitness center, they must pay fees for each individual location. Members can log in to the website or call for information on how their payments may change.

Q: Can new Active&Fit Enterprise members continue to use their existing fitness center?

A: If the fitness center is part of the Active&Fit Enterprise network, then yes. Members can advise the fitness center to freeze their membership. After registering on the website, selecting a fitness center, and paying their applicable fee(s), they can print a paper copy of their Active&Fit Enterprise card, or download it on their phone, and bring it with them to their first visit. If the fitness center is not part of the network, and members would like to use their Active&Fit Enterprise benefit, they will need to switch to a participating fitness center. If members decide to cancel their Active&Fit Enterprise enrollment, and the original fitness center membership was frozen (and not canceled), their original membership should be reinstated.

Q: How do members nominate a fitness center to be part of the Active&Fit Enterprise network?

A: Members can nominate a fitness center by going to the Active&Fit Enterprise website or calling Active&Fit ExerciseRewards Customer Service.

Q: If members belong to a fitness center that leaves the network, what is the process for notifying them?

A: Members will get a letter notifying them that the fitness center is leaving the network, 30 days in advance (when possible). This letter includes a listing of fitness centers closest to the member's address and shares information on how to select a new fitness location.

Q: What is the investigative process for complaints against a fitness center?

A: American Specialty Health Fitness, Inc., provider of the Active&Fit ExerciseRewards program, will review complaints and follow up accordingly. Some methods of investigation are an inquiry letter, a site visit, or a secret shopper call.

Q: Do members ever have to pay a fitness center directly for Active&Fit Enterprise benefits?

A: No. However, members are responsible for paying any fees associated with upgrading their fitness center membership, or for using any nonstandard services or amenities that require separate, nonstandard fees.

ABOUT THE PROGRAM

Q: How does the Active&Fit ExerciseRewards program work?

A: Members need to complete at least 10 visits each month to earn \$30 in rewards.

Members can receive credit for one fitness center visit per calendar day (with at least 8 hours between visits).

Q: How do members track fitness center visits?

A: There are 3 ways to track fitness center visits:

- 1.** Active&Fit Enterprise fitness center or studio—Enroll in an Active&Fit Enterprise participating fitness center on **ActiveandFit.com**, and the fitness center will submit member visits automatically. Members must pay any applicable nonrefundable member fee(s) to the Active&Fit ExerciseRewards program with a credit or debit card only (Mastercard, Visa, Discover, or American Express). Members should print a paper copy of their Active&Fit Enterprise card, or download it on their phone, and bring it to the fitness center they selected.
- 2.** Track Visits on the website—Log in to **ActiveandFit.com** to track visits at a qualifying fitness center. For the visit to count, each workout should be at least 30 minutes (one fitness center visit per calendar day).
- 3.** Paper log—Submit a completed Visit Submission Form. The form needs to be complete and legible to earn credit for each visit.

Q: Can members use more than one method to track visits?

A: Yes. Members can use any or all of the 3 methods and are not limited to just one. Members can log on to the Active&Fit Enterprise website to track progress toward their reward.

Q: If a fitness center is not in the fitness center search on the website, how will members know if it is a qualifying fitness center to use in this program?

A: For a fitness center to be qualifying, it must be in the 50 U.S. states or District of Columbia; offer regular cardiovascular, flexibility, and/or resistance training exercise programs or may include instructor-led classes (such as Zumba®, Pilates, “step” classes, yoga, aquatics, etc.); must have staff oversight; and must offer a membership agreement.

Examples of excluded centers that do not qualify for rewards include, but are not limited to, the following:

- Services and activities such as rehabilitation services, physical therapy services, country clubs, social clubs, or sports teams and leagues.
- Dues or fees for participating in aerobic/fitness activities not in an acceptable fitness center, as well as fees for personal training, lessons (e.g., tennis and swimming), coaching, and exercise equipment or clothing purchases.
- Exercise sessions at fitness centers where there is no staff oversight (e.g., centers in apartment buildings, hotels, and sports clubs).

Because these excluded fitness centers are not eligible for rewards, they are not in the Active&Fit ExerciseRewards network.

Q: What do members need to send to the Active&Fit ExerciseRewards program if they are manually tracking their activity on the Visit Submission Form?

A: If members choose to attend a qualifying fitness center that does not submit visits, they'll need to keep track of their workouts on a paper log. Please note, all participating Active&Fit ExerciseRewards fitness centers will submit visits on the member's behalf.

- Members will complete the Visit Submission Form, which documents their fitness center visits. A fitness center staff member must sign the form. Members can write in each visit date, or members can submit a computer printout of their workouts from the fitness center. Members must ensure the form is complete and legible to process their reward.
- Submissions must be received no later than 90 days after the end of the reward period (every reward period in a calendar year).

The Visit Submission Form is available at ActiveandFit.com or by calling Active&Fit ExerciseRewards Customer Service at 1.877.771.2746.

Q: How do members redeem their reward?

A: Members will be able to see their reward information on the website. Once their visit requirement is met and processed, they'll receive a redemption email (if a valid email address is on file) advising them to log in to ActiveandFit.com. They'll go to the Rewards page and click "Available to redeem" and select their incentive period. Then they'll confirm their mailing address and click "Redeem." If using the Visit Submission Form, members need to follow the instructions on the form to submit for rewards.

Q: When should members expect to receive their reward?

A: All rewards are processed within 7 – 10 days of a member redeeming their reward on the website. If the member does not redeem an earned reward on the website, it will be automatically issued 30 days after the end of the reward period.

If members are submitting paper logs, and logs are incomplete or have invalid documentation, the member's reward will not be processed. The reason the reward was not processed will be posted to the member's account on the Active&Fit Enterprise website within 30 days of receipt of the submission.

WEBSITE FEATURES

Q: What digital fitness tools and resources are available to Active&Fit ExerciseRewards members?

A: The website has several features, including:

- Fitness center search—members find participating fitness centers that automatically report visits and may offer guest passes through the Active&Fit ExerciseRewards program
- Access to a variety of on-demand workout videos
- Workout Plans—members can answer a few questions about their fitness level and goals to get personalized workouts.
- The quarterly newsletter
- Exclusive resources and articles in the online library

Q: How do members leave a fitness center?

A: Members must call Customer Service at 1.877.771.2746. Fees are nonrefundable.

The Active&Fit ExerciseRewards and Active&Fit Enterprise programs are provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of ASH. All programs and services are not available in all areas. Persons shown are not Active&Fit ExerciseRewards members. Active&Fit ExerciseRewards, Active&Fit Enterprise, and the Active&Fit Enterprise logo are trademarks of ASH. Other names or logos may be trademarks of their respective owners. Nonstandard services at the fitness center that call for an added fee are not part of the Active&Fit ExerciseRewards program. Fitness center participation may vary by location and is subject to change.

Visit Submission Form

Part A: Member Information

Note: If you are attending a participating Active&Fit Enterprise™ fitness center to earn rewards, you do not need to submit a Visit Submission Form. Your activity will be tracked and submitted automatically. This form should be used if you do not have online access or if you are attending a qualifying fitness center not in the Active&Fit Enterprise network.

Last Name _____ First Name _____ M.I. _____

Health Plan _____ ID # _____

Date of Birth (MM/DD) _____

Street Address _____

City _____ County _____

State _____ Zip Code _____

Phone Number _____ Email (optional) _____

Part B: Proof of Workouts

Please complete one form per fitness center you use. If you do not earn points through any other tracking method, you need to work out at least 10 times per month at a qualifying fitness center to receive your reward.

Submit a printout from your fitness center or submit this log for visit dates (MM/DD/YY) for the requested benefit period as soon as you meet the visit requirement. You do not need to wait until the end of the benefit period.

1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
21.	22.	23.	24.	25.	26.	27.	28.	29.	30.
31.	32.	33.	34.	35.	36.	37.	38.	39.	40.
41.	42.	43.	44.	45.	46.	47.	48.	49.	50.

Fitness center information must be legible and complete for your reward to be processed.

Fitness Center Name _____

Fitness Center Street Address _____

City _____ State _____ Zip Code _____

Fitness Center Phone Number _____

Failure to submit this form completed with all required information may result in your form being returned to you.

I certify the information above is correct. I also understand it is a crime to knowingly submit false information or requests to obtain compensation and that any such actions may result in termination from the Active&Fit ExerciseRewards™ program.

Fitness Center Staff Signature: _____

Signed

Printed

Date

Member Signature: _____

Signed

Printed

Date

Email this completed form to Fitness@ExerciseRewards.com*, or mail to:

Active&Fit ExerciseRewards
P.O. Box 509117
San Diego, CA 92150-9117

***Please do not email photo files (JPEG, PNG, etc.); please email documents as attachments in PDF or Excel format.**

All forms are available at **ActiveandFit.com** or by calling 1.877.771.2746.

Once your 10 visits are processed, you will receive a redemption email advising you to log in to the Active&Fit Enterprise website. Go to the Rewards page and click "Available to redeem" and select your incentive period. Your check will be mailed within 14 days after you redeem. If you are unable to redeem your reward on the website, Active&Fit ExerciseRewards will automatically redeem your reward approximately 30 days after your reward period in which you earned your reward.

Remember:

- Qualifying fitness centers must offer regular cardiovascular, flexibility, and/or resistance training exercise programs; must offer a membership agreement; and must have staff oversight. Fitness centers outside of the 50 U.S. states and District of Columbia do not qualify. Refer to ActiveandFit.com for exclusions and limitations.
- Only one exercise session may be logged per calendar day. There must be at least 8 hours between sessions.
- All workouts must be completed at a qualifying fitness center to earn the reward. At-home workouts will not be accepted.

Your Visit Submission Form must be received **no later than 90 days** following the end of each reward period. Your group's benefit plan year is determined by your group's effective and renewal dates. For questions regarding your group's benefit plan year, contact Active&Fit ExerciseRewards Customer Service at **1.877.771.2746**.

Your health plan/employer is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at **1.877.771.2746** Monday through Friday, 7 a.m. to 8 p.m. Central time, and we will explain how you can work with your physician to find an alternative wellness program with the same reward that is right for you in light of your health status.



*A world of discounts is waiting...
Save big. Every day.*

Welcome to your Member Discount Program!

Enjoy discounts, rewards and perks on thousands of the brands you love in a variety of categories:

- Travel
- Auto
- Electronics
- Apparel
- Local Deals
- Education
- Entertainment
- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports & Outdoors





















It's easy to access and start saving!

1. Go to AspirusHealthPlan.com and login to your secure My Account.
2. Under the heading Health & Wellness, select Member Discount Programs.
3. Create your BenefitHub account and start saving!

Questions? Call 1-866-664-4621 or email customer@benefithub.com

Explanation of Benefits (EOBs)

When a claim is filed under your health plan, you will receive an explanation of benefits (EOB) from Aspirus Health Plan. An EOB is not a bill. The EOB shows the amounts paid by Aspirus Health Plan on your behalf and shows any financial responsibility you may have. EOBs contain a lot of detailed information. The sample below provides descriptions for each field so you can better read and understand this document.



Explanation of Benefits

Printed Date: 7/28/2022

THIS IS NOT A BILL

PO Box 1062
 Minneapolis, MN 55440
 Customer Service
 1-866-631-5404
 Receive your EOBs online
 Visit AspirusHealthPlan.com

JOHN R SMITH
 6105 GOLDEN HILLS DRIVE
 GOLDEN VALLEY MN 55416

Subscriber Smith, John R		Patient Smith, Jane M		Patient ID 80999999901		Group Aspirus Sample Employer Group		Group/Policy ASP12345			
Claim Number 01010100AA00		Dates of Service 06/22/2022 - 06/22/2022		Patient Control Number AAA-BBB-012345		Reference Number / Payee / Paid Date D123452021032412000330 / Provider / 07/06/2022					
Provider: Wisconsin Physician Services 123 Main St WI 54444											
					5 Member Responsibility						
1 Dates of Service	2 Description	3 Charges	4 Provider Respons. Amount	Allowed Amount	Deductible Amount	Co-pay Amount	Co-insurance Amount	Patient Non-Cov Amount	6 Paid Amount	7 Amount You Owe	Notes ID
06/22/2022	Practitioner Visit Outpatient	393.00	121.67	271.32	3.00	0.00	40.25	0.00	228.08	43.25	PFS
06/22/2022	Raidology Services	248.00	116.84	131.16	0.00	0.00	19.67	0.00	111.49	19.67	PFS
Totals		641.00	238.51	402.49	3.00	0.00	59.92	0.00	339.57	62.92	

Total Charges	641.00
Total Benefit Amount	339.57
Total Amount Paid By Other Insurance	0.00
Total Amount You Owe	62.92

8 Notes
 PFS This amount represents the provider discount.

- 1 Dates of Service** – the date(s) you received services.
- 2 Description** – the type of service or products you received from your provider.
- 3 Charges** – the full amount billed by your provider to your health plan.
- 4 Provider Responsibility Amount** – the amount discounted from your charges by using an Aspirus Health Plan in-network provider.
- 5 Member Responsibility** – this section illustrates the charges you are responsible for, which includes your deductible, copay, coinsurance and non-covered amounts.

- 6 Paid Amount** – this is the amount of eligible charges paid by your health plan.
- 7 Amount You Owe** – this reflects the portion of the bill that was not covered. You will be invoiced by your provider for the amount you are responsible for.
- 8 Notes ID** – when present, these notes provide information about the claim.

Questions?

Contact Customer Service at **1.866.631.5404**

Accessing Dependent(s) Claim Information

Age 13 or older

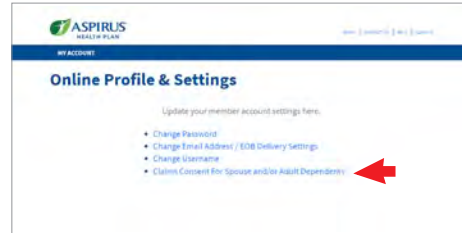


Steps to Request Consent

Privacy laws require that protections be put in place to safe guard member data and claim information. If you have a spouse or dependent(s) age 13 or older, these privacy laws apply if you are trying to access their claim information without legal consent. As a result, we require consent from your spouse or dependent(s) age 13 or older to access their claims information through your member portal account.



1. Sign in to your account at aspirushealthplan.com then select **Online Profile & Settings**



2. Select **Claims Consent For Spouse and/or Adult Dependents**



3. Select **Request Consent** for the member you would like consent from



4. A confirmation screen will appear with your member selection. Select **Request Consent Letter**

A letter will be sent to the spouse/dependent address on file



5. The letter explains the consent requirements and how to grant access if your spouse/dependent wishes to allow access. Once this is completed, you the subscriber will have access to their health care claims information on our website.

This change does not affect access to health care claims information on our website for dependents under age 13. It also does not change your ability to view other important information such as deductible, benefit information, health education, etc.

If you have any questions contact Customer Service at 866.631.5404.

AUTHORIZATION TO RELEASE HEALTH INFORMATION

Directions: Complete each of the following sections below. This authorization is not valid or effective until you or your legally authorized representative complete each section, then sign, date and return the form. Your legally authorized representative must provide proof of his or her authority to act on your behalf. **Note:** This authorization does not affect or change the routine sharing of my health information by or between affiliates and/or any providers that is permitted or required under Health Insurance Portability and Accountability Act of 1996 (HIPAA) or other applicable federal or state law. For questions about this form, please call Customer Service at 866.631.5404.

FULL NAME (FIRST, MIDDLE AND LAST):		PREVIOUS LAST NAME, IF ANY:	
STREET ADDRESS		CITY	STATE:
ZIP CODE:		MEMBER ID NUMBER:	
BIRTH DATE:	PHONE NUMBER:	EMPLOYER NAME AND GROUP NUMBER:	

1. Identify the Health Information that you authorize to be communicated, received, disclosed and used with others *(Select one):*

Your "Health Information," includes, but is not limited to your "protected health information" or "PHI" as defined by the Health Insurance Portability and Accountability Act of 1996, as amended from time to time ("HIPAA") Your Health Information includes your past, present and future Health Information, and includes but is not limited to, medical and pharmacy claims records, and related case notes and information derived from them; and which specifically include, if Aspirus Health Plan has them, claims and case notes and information derived from them about HIV/AIDS, and mental health and substance use *(except see section 3 about psychotherapy notes and certain substance use information).*

- a. All of my Health Information (defined above) for all dates and periods of time.
- b. All of my Health Information (defined above) for the following specific date(s) or period(s) of time: _____
- c. Include for (check one) all dates and periods of time; or the following specific date(s) or period(s) of time: _____ only the following Health Information (describe below): _____

2. Psychotherapy notes, or substance use disorder information derived from a treatment program or health care provider that receives federal funding. Federal law requires specific consent for the release of this information. You must complete this section to authorize the communication of, receipt, disclosure and/or use any psychotherapy notes, or to authorize the communication, receipt, disclosure and/or use of certain substance use disorder information derived from a treatment program or health care provider that receives federal funding. Any information communicated, received, disclosed and/or used pursuant to this section 2 is your Health Information.

Psychotherapy Notes

- a. Include all psychotherapy notes.
- b. Include only psychotherapy notes for the following date(s)/time period: _____
- c. Include for (check one) all dates and periods of time; or the following specific date(s) or period(s) of time: _____ only the following psychotherapy notes (describe below): _____

Substance Use Disorder Information

- a. Include all substance use disorder information.
- b. Include only substance use disorder information notes for the following date(s)/time period: _____
- c. Include for (check one) all dates and periods of time; or the following specific date(s) or period(s) of time: _____ only the following substance use disorder information (describe below): _____

3. Identify the person(s) and/or entity(ies) to whom or to which you authorize the communication, receipt, disclosure and/or use your Health Information (Provide complete name, relationship (if a family member), company name if applicable, address and phone number. Add an attachment if more space is needed.):

- a. Family member or legally authorized representative: _____

- b. Provider and/or clinic: _____

- c. Lawyer and/or law firm: _____

- d. Other person or entity: _____

4. Identify the reason for the release or disclosure of your Health Information:

- a. Member's request
- b. Payment
- c. Appeal of a denied claim
- d. Legal/litigation
- e. Other (explain): _____

5. Identify the date this authorization expires (Select one):

- a. This authorization is effective until my health coverage under the above Member Number ends.
- b. This authorization is effective for one year from the date I sign it.
- c. This authorization is effective for less than one year from the date I sign it, and until _____

6. Acknowledgements and Signature

By executing this Authorization, I understand and agree that:

- This authorization allows the communication, receipt, disclosure, and/or use my Health Information (defined above).
- I have not been required to sign this form and am doing so voluntarily. I am not required to sign this form to receive health benefits.
- I may inspect or copy the Health Information that is released or disclosed.
- I may prospectively revoke this authorization at any time by contacting Customer Service at 866.631.5404. If I do revoke this authorization, it will only stop the release of Health Information in the future and does not apply to Health Information already released.
- Once it is released, the Health Information that is used or disclosed pursuant to this authorization is no longer protected by us or federal and state privacy laws. The recipient might re-disclose it.

Signature of Member: _____ **Date:** _____

Print Member Name: _____

Signature of Legally Authorized Representative*: _____ **Date:** _____

Print Name and Relationship to Member: _____

*If you are the member's legally authorized representative as defined by HIPAA or other applicable federal and state law, you must submit the applicable documentation or other proof of legally authorized representative status that establishes your authority including but not limited to:

***Power of Attorney** – Valid power of attorney document ***Guardian** – Valid court order appointing you as guardian ***Executor** – Valid court order appointing you as executor of a decedent's estate. Legally authorized representatives must provide notice of any change to their status or authority.

This notification contains important information about your health insurance



Please read carefully

Women's Health and Cancer Rights Act Notice

Reconstructive Surgery Following Mastectomy

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, call your plan administrator 1.866.631.5404.

Statement of Rights under the Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her

newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This notice applies to the privacy practices of Aspirus Health Ventures, Inc. and its subsidiaries, Aspirus Health Plan, Inc. and Aspirus Health Plan of Michigan, Inc. (collectively, "AHP"). AHP is required by law to maintain the privacy of your Protected Health Information ("PHI"), and to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI.

This notice takes effect Sept. 15, 2023, and we must follow its terms until we replace it. AHP reserves the right to amend this notice at any time and may make the revised notice provisions effective for PHI we already have about you, as well as for any such information we may later receive. We will promptly revise and distribute this notice whenever material changes are made to its terms. You may request a copy of this notice at any time.

Uses and Disclosures of Protected Health Information

The following are examples of permitted uses and disclosures of your PHI by Aspirus Health Plan. This list of examples is not exhaustive.

Treatment. We may disclose your PHI to a health care provider in order to facilitate the medical care you receive from the provider.

Payment. We may use and disclose your PHI to pay for your covered benefits. For example, we may review PHI to pay for your claims from physicians, hospitals, and other providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, and to obtain premiums.

Health Care Operations. We may use and disclose your PHI in connection with our health care operations, including such activities as:

- Quality assessment and improvement activities;
- Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities;
- Underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of a health insurance or health benefits contract. We will not use or disclose genetic information for underwriting purposes;

- Conducting or arranging for medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- Business planning and development; and
- Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

In addition, AHP participates in one or more Organized Health Care Arrangements. Members of an Organized Health Care Arrangement may share information with each other for treatment, payment, or health care operation purposes described in this notice.

Business Associates. We may disclose your PHI to AHP's business associates in order for the business associates to provide necessary services to AHP, only if such business associates have agreed in writing to protect the confidentiality of your PHI.

Plan Sponsors. If you are covered under a group health plan, we may disclose your eligibility, enrollment, and disenrollment information to the plan sponsor. We may disclose your PHI to the plan sponsor to permit the plan sponsor to perform certain administrative functions on behalf of the plan, but only if the plan sponsor agrees in writing to use the PHI appropriately and to protect it as required by law.

Persons Involved with Your Care. We may disclose your relevant PHI to family members, friends, or others that you identify as being involved with your health care or with payment for your health care. Before doing so, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your PHI based upon our professional judgment of whether the disclosure would be in your best interest.

Disasters and Medical Emergencies. We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. We may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

Health-Related Benefits and Services. We may use and disclose your PHI to contact you with information about treatment alternatives, appointment reminders, or other health-related benefits and services that may be of interest to you.

Required Disclosures. We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services if it is necessary for an investigation conducted by the Secretary. We are also required to disclose your PHI to you or to individuals authorized by you, such as your personal representative, upon your request.

Other Uses or Disclosures Permitted or Required by Law.

We may use or disclose your PHI as permitted or required by law for the following purposes:

- As required by law;
- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- To report adult abuse, neglect, or domestic violence;
- To health oversight agencies;
- In response to court and administrative orders and other lawful processes;
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- To coroners, medical examiners, and funeral directors;
- To organ procurement organizations;
- To avert a serious threat to health or safety;
- In connection with certain research activities;
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- To correctional institutions regarding inmates; and
- As authorized by state workers' compensation laws.

Written Authorization. Unless you give us your written authorization, we will not use or disclose your PHI for purposes other than those described in this notice. We will not sell your PHI, or use or disclose your PHI for marketing purposes, or use or disclose your psychotherapy notes, except as permitted by law, unless we have received your written authorization. If you give us written authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect.

Individual Rights

Inspect and Copy. With certain exceptions, you have the right to inspect or copy the PHI that we maintain on you. You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the

end of this notice. If you request copies, we may charge you a reasonable, cost-based fee for staff time to locate and copy your PHI, and postage if you want the copies mailed to you. If we deny your request to access and inspect your information, you may request a review of the denial.

Amendment. You have the right to request that we amend the PHI that we maintain on you. Your request must be in writing and must provide a reason to support the requested amendment. We may deny your request to amend PHI if we did not create it and the originator remains available, if it is accurate and complete, if it is not part of the information that we maintain, or if it is not part of the information that you would be permitted to inspect and copy. If we deny your request, we will provide you with a written explanation of the reason for the denial. You may respond with a statement of disagreement to be appended to the information that you wanted amended.

Confidential Communications. You have the right to request to receive communications of your PHI from us by alternative means or at alternative locations. We must accommodate your request if it is reasonable, if it specifies the alternative means or location, if it clearly states that the disclosure of all or part of the information could endanger you, and if it continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the contract holder of the health plan in which you participate. An explanation of benefits issued to the contract holder for health care that you received, and for which you did not request confidential communications, may contain sufficient information to reveal that you obtained health care, even though you requested that we communicate with you in confidence about the health care..

Request Restrictions. You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. We are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in case of an emergency). Your restriction request must be made to us in writing. A person authorized to make such an agreement on our behalf must sign any agreement to restrictions. We will not agree to restrictions on uses or disclosures that are legally required, or which are necessary in order for us to administer our business.

Disclosure Accounting. You have a right to receive an accounting of the disclosures we have made of your PHI. This accounting will not include disclosures made for treatment, payment, health care operations, to law enforcement or corrections personnel, pursuant to your authorization, directly to you, or for certain other activities. Your request

for an accounting must be made to us in writing and must state the time period, for which you would like to receive the accounting which may not exceed six years. We may charge you a reasonable, cost-based fee for responding to additional request if request this accounting more than once in a 12-month period.

Breach Notification. You have the right to be notified by us if there is a breach of your unsecured PHI.

Copy of Notice. You are entitled to receive this notice in written form, even if you have received it on our website or by electronic mail (email). Please contact us using the information listed at the end of this notice to obtain a written copy of the notice.

Protection of PHI. AHP is committed to ensuring that your PHI is protected from unauthorized use or disclosure. We have implemented strong security measures and processes to keep oral, written, and electronic PHI secure across our organization. For example, an employee or contractor who accesses your PHI must comply with all of our information security requirements including, but not limited to, signing confidentiality agreements, completing annual information security training, and using encryption when transmitting data to an external party.

Questions and Complaints

If you believe that AHP may have violated your privacy rights, or if you disagree with a decision we made regarding one of the individual rights provided to you under this notice, you may submit a complaint to us using the contact information provided at the end of this notice. You may also submit a written complaint to the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you in any way if you choose to file a complaint regarding our privacy practices with us or with the U.S. Department of Health and Human Services.

Nonpublic Personal Information Privacy Practices

Aspirus Health Ventures, Inc. and its subsidiaries, Aspirus Health Plan, Inc. and Aspirus Health Plan of Michigan, Inc. (collectively, "AHP"), are committed to protecting the confidential information of our customers. We at AHP value our relationship with you and take the protection of your personal information very seriously. This notice describes our privacy policy and explains the types of information we collect, how we collect it, and to whom we may disclose it.

Information We May Collect. AHP may collect and use nonpublic personal information about you from the following sources:

- Information we receive from you on applications and other forms that are provided to us, such as your name, address, Social Security number, date of birth, marital status,

dependent information, employment information, and medical history;

- Information about your transactions with us, our affiliates, and others, such as health care claims, medical history, eligibility information, payment information, service request, and appeal and grievance information; and
- Information we receive from consumer reporting agencies, employers, and insurance companies, such as credit history, creditworthiness, and information verifying employment history or insurance coverage.

Information We May Disclose. AHP does not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. We share nonpublic personal information only to the extent necessary for us to take care of our customers' claims and other transactions involving our products and services.

When necessary, we share a customer's nonpublic personal information with our affiliates and disclose it to health care providers, other insurers, third-party administrators, payors, vendors, consultants, government authorities, and their respective agents. These parties are required to keep nonpublic personal information confidential as required by law.

AHP does not share nonpublic personal information with other companies for their own marketing purposes. AHP may disclose such information to companies, that perform marketing services on our behalf, or to other companies with whom we had joint marketing agreements. These companies must keep your nonpublic personal information confidential, as required by law.

Confidentiality and Security. At AHP, we restrict access to nonpublic personal information to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards to protect nonpublic personal information against unauthorized access and use. These safeguards comply with federal regulations on the protection of nonpublic personal information.

AHP will amend this notice as necessary and appropriate to protect nonpublic personal information about our customers.

Further Information. For additional information regarding this notice or our privacy practices in general, please call the AHP Privacy Officer at 715-843-1391, Monday through Friday, 8 a.m. to 5 p.m., or write to us at:

Privacy Officer
Aspirus Health Plan
3000 Westhill Drive, Suite 303
Wausau, WI 54401

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA – Medicaid	INDIANA – Medicaid
<p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2</p>	<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584</p>
IOWA – Medicaid and CHIP (Hawki)	KANSAS – Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
KENTUCKY – Medicaid	LOUISIANA – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
MAINE – Medicaid	MASSACHUSETTS – Medicaid and CHIP
<p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
MINNESOTA – Medicaid	MISSOURI – Medicaid
<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
MONTANA – Medicaid	NEBRASKA – Medicaid
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

NEVADA – Medicaid	NEW HAMPSHIRE – Medicaid
Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218
NEW JERSEY – Medicaid and CHIP	NEW YORK – Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831
NORTH CAROLINA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825
OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)

WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
 Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
 1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
 Centers for Medicare & Medicaid Services
www.cms.hhs.gov
 1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)



Important Notice Provided by Aspirus Health Plan on Behalf of Your Group Health Plan Sponsor

The following disclosure notice is intended for individuals eligible for Medicare Part A or Part B and also enrolled for prescription drug benefits or coverage under one of the following group health plan arrangements:

1. A self-insured group health plan sponsored by an employer organization, union or both that provides prescription drug benefits administered by Aspirus Health Plan; or
2. A group health plan contract issued by Aspirus Health Plan to an employer organization, union or both.

Important Notice from the City of Wisconsin Rapids^[1], Your Group Health Plan Sponsor, About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the Group Health Plan Sponsor under the group health plan arrangement described at the top of this notice, and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard

¹ For purposes of this disclosure notice, this organization is referred to as the "Group Health Plan Sponsor" each time it appears in this notice.

level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. The Group Health Plan Sponsor, its third party administrator, actuary or issuer has determined that the prescription drug coverage offered by the Group Health Plan Sponsor's health plan program or plan option is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your coverage under the Group Health Plan Sponsor's health plan will not be cancelled. If your Group Health Plan Sponsor's current health plan program or plan option provides medical and prescription drug coverage to individuals eligible for Medicare, you can keep this coverage if you decide to join a Medicare drug plan, and this health plan will coordinate with your Medicare drug plan coverage.

If you do decide to join a Medicare drug plan and drop your coverage under the Group Health Plan Sponsor's health plan which includes medical and prescription drug coverage, be aware that you and your dependents may not be able to get this coverage back.

Please contact your Group Health Plan Sponsor for more information about what happens to your coverage if you join a Medicare drug plan.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your coverage with your Group Health Plan Sponsor and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.



For More Information About This Notice Or Your Group Health Plan Sponsor's Current Prescription Drug Coverage...

Contact your Group Health Plan Sponsor at its business office, during regular business hours, for further information. **NOTE:** You'll get this notice each year that you have prescription drug coverage from your Group Health Plan Sponsor. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through your Group Health Plan Sponsor changes from being creditable to noncreditable in the future. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help,
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 09/18/2023
Name of Entity/Sender: Aspirus Health Plan
Contact--Position/Office: Aspirus Health Plan Customer Service
Address: P.O. Box 1062
Minneapolis, MN 55440
Phone Number: 1-866-631-5404

Important: Aspirus Health Plan is unable to answer questions or provide information about Medicare, including Medicare drug plans or Part D plans. Please refer to the government phone numbers and information (listed above) for resources and information about Medicare and your Medicare drug coverage options.



Nondiscrimination and Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We will:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact us at the phone number shown on the inside cover of this COC, your id card, or aspirushealthplan.com.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Nondiscrimination Grievance Coordinator
 Aspirus Health Plan, Inc.
 PO Box 1062
 Minneapolis, MN 55440
 Phone: 1. 866.631.5404 (TTY: 1.866.631.8597)
 Fax: 763.847.4010
 Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
 200 Independence Avenue, SW
 Room 509F, HHH Building
 Washington, D.C. 20201
 1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 1.866.631.8597).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك : 1.866.631.8597).
French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.631.5404 (ATS : 1.866.631.8597).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 1.866.631.8597).

Hindi: यान द : य द आप िहदी बोलते ह तो आपके िलए मु त म भाषा सहायता सेवाएं उपल थ ह 1.866.631.5404 (TTY: 1.866.631.8597) पर कॉल कर ।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 1.866.631.8597).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 1.866.631.8597) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 1.866.631.8597).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 1.866.631.8597).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 1.866.631.8597).

Traditional Chinese: 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1.866.631.5404 (TTY: 1.866.631.8597)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 1.866.631.8597).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kantscht du mitaus Koschte ebergericke, ass dihr helft mit die english Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 1.866.631.8597).

Lao: ໂປດອຸບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1.866.631.5404 (TTY: 1.866.631.8597).