



Employee Guide to Using Your Coverage

**State of Wisconsin Group Health Plan
Insurance Program**



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.

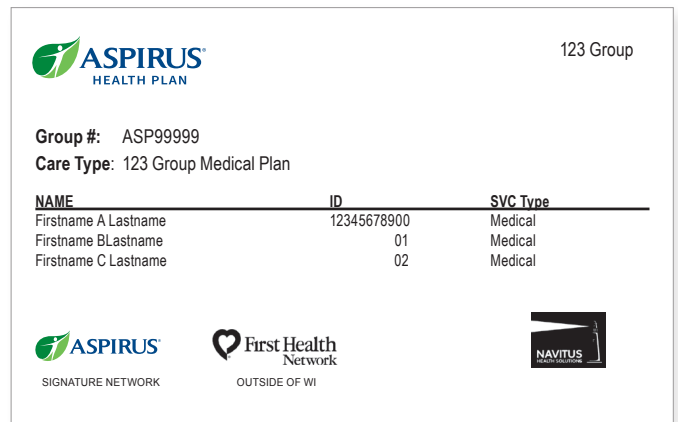
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Make the Most of Your Health Benefits

Your member ID card

Once you have enrolled you will receive an identification card, which identifies you as an Aspirus Health Plan member. Please verify your information is correct. If you identify any errors please contact the Employee Trust Fund to update your information. 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(s), please contact Member Services at 866-631-8583 or log into your online account at AspirusHealthPlan.com/Group.



Telehealth services from MDLIVE®

To receive care for a range of common medical conditions, connect with a licensed physician over the phone or via video consult 24/7/365. Behavioral health and dermatology services are also available. Check your policy for details.

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

Comprehensive Care Coordination program

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

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

Nurseline

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.

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.

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 a provider who meets your individual health care needs. They can even help schedule your first appointment.

In addition, they can:

- ▶ Assist with transferring your medical records to Aspirus.
- ▶ 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.

Hear in America hearing plans

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



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, or other important documents. *NOTE: You're not able to register and access your online member account until after your health plan effective date.*

How to register for your member account

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

How to find your Explanation of Benefits (EOB)

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

How much of my deductible have I used?

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

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

To Speak with a Customer Service Representative call **866-631-8583** or email customerservice@aspirushealthplan.com

Aspirus Health Plan is the best choice for Aspirus patients

In Wisconsin

Easy Access to Aspirus Health Plan's Signature Network

Receive all the convenience of Aspirus Health Plan's Signature Network which includes Aspirus Health professionals and hospitals and many other health care professionals and hospitals.

To search for a provider within the Aspirus Signature Network use our Find a Doctor tool at aspirushealthplan.com

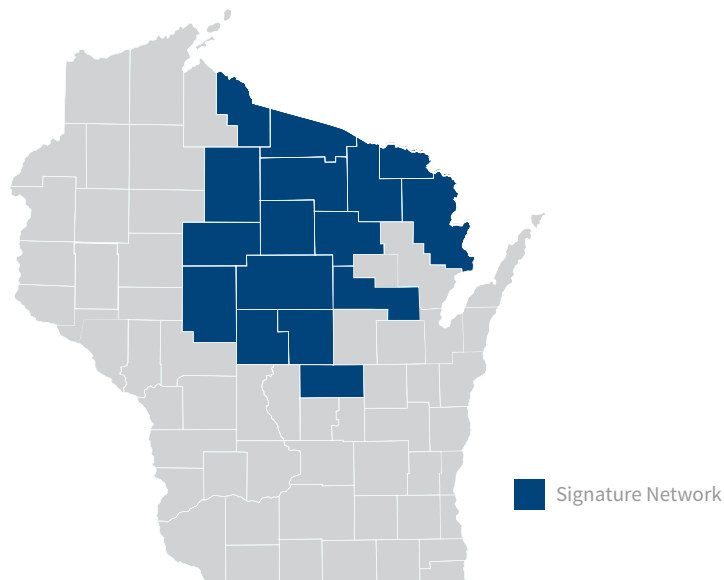
Aspirus Signature Network

50+ PRIMARY AND SPECIALTY CARE CLINICS

Wisconsin Wrap Network

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

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



Aspirus Hospitals in Wisconsin Include:

- ▶ Aspirus Medford Hospital
- ▶ Aspirus Wausau Hospital
- ▶ Aspirus Langlade Hospital (Antigo)
- ▶ Aspirus Riverview Hospital (Wisconsin Rapids)
- ▶ Aspirus Divine Savior Hospital (Portage)
- ▶ Aspirus Stevens Point Hospital

Aspirus Hospitals in Michigan Include:

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

Ascension Hospitals in Wisconsin Include:

- ▶ Ascension Eagle River Hospital
- ▶ Ascension Good Samaritan Hospital (Merrill)
- ▶ Ascension St. Michael's Hospital (Stevens Point)
- ▶ Ascension Sacred Heart Hospital (Tomahawk)
- ▶ Ascension St. Mary's Hospital (Rhineland)
- ▶ Howard Young Medical Center at Woodruff Wisconsin



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. Immunizations have no cost-sharing from both participating and non-participating providers. See your policy for details.

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

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

Prior Authorizations

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

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

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

Whose responsibility is it to obtain required prior authorizations?

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

When do I need a prior authorization?

Prior authorization is required for HMO plans for all non-participating providers and tertiary care specialists or facilities. For a list of services that require prior authorization, please visit AspirusHealthPlan.com/Group, **Manage My Care**, and select **Prior Authorization**.

Before receiving medical services, please call Member Services at 866-631-8583 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.

Prior authorization

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

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

How to contact us about a prior authorization

Please contact Member Services at 866-631-8583, Monday through Friday, 7 a.m. to 7 p.m.



The Right Care. The Right Place. The Right Time.

The cost of care can vary depending where you go. At Aspirus Health Plan, we want you to get the right care at the right place at the right time. Below is an example of the services available to you and their associated costs, so you can compare the cost of a medical visit—if you have a cough, for example—to see how you can save money.



Nurseline \$

Registered nurses can answer general health questions you may have. The nurseline is available 24/7/365 by calling 866.220.3138. There is **no cost** for using this service.



MDLive* \$

Connect with board certified doctors, therapists and dermatologists over the phone or via video consult 24/7/365 to receive care for a range of medical conditions. Contact MDLive by calling 800.657.6169, visiting the website at MDLive.com/AspirusHealthPlan or downloading their app on the app store.



Primary Care Office Visit \$\$

Schedule an appointment with your first line of defense. Your primary care practitioner (PCP) is often the first to notice small changes in your health that could signal bigger issues.



Walk-In Clinic or Urgent Care Visit \$\$

Walk-in and urgent care clinics offer options when your PCP is not available and you can't wait for an appointment to deal with conditions and ailments that are urgent but not life-threatening.



Emergency Department Visit \$\$\$

Use for serious, acute, life-threatening problems. **If you are experiencing an emergency, call 911.**



Out-of-Area

Urgent and Emergency care are covered by Aspirus Health Plan if you are out of the area and need immediate treatment.

Contact us at **866.631.8583** or **customerservice@aspirushealthplan.com** if you have questions or to report urgent/emergency care was received out of the area.

MyAspirus Connects You Directly With Your Aspirus Health Care Provider

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

- ▶ Appointment information
- ▶ Lab results
- ▶ Prescription medications
- ▶ Immunizations
- ▶ And more!

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

The screenshot shows the MyAspirus website interface. At the top, the Aspirus logo and 'MyAspirus' text are displayed. Below this, there are several service tiles with icons and text:

- 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 fields for 'MyAspirus Username' and 'Password', a 'Sign in' button, and links for 'Forgot Username?', 'Forgot Password?', and 'New User?'. Below these are buttons for 'Sign up with Activation Code' and 'Sign up without Activation Code'. At the bottom right, there are buttons for 'One Time Payment', 'Video Visits Checklist', 'Guest Estimates', and 'Frequently Asked Questions'.

Health Insurance Terminology

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

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

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

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

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

- ▶ **Embedded deductible.** When a family member reaches the individual deductible amount, this plan will begin to pay benefits for him or her only. Once the family deductible amount is reached, this plan will begin to pay benefits for any family member.
- ▶ **Non-embedded deductible.** The family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible.

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 **866.631.8583**. 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.

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 certificate.

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** or call **866.631.8583**.

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.



Your local health plan

Top quality benefits and coverage you can depend on.

Your connection to better health

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

Questions?

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

Contact Member Services

Monday–Friday, 7 a.m.– 7 p.m. CT

866-631-8583

TTY: 866.631.8597

Aspirus Health Plan provides language assistance service. If you need assistance, please call the Member Services number listed above.

