ASPIRUS HEALTH PLAN

Employee Guide to Using Your Coverage

State of Wisconsin Group Health Plan Insurance Program

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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

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.

- 888.632.2738
- 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.

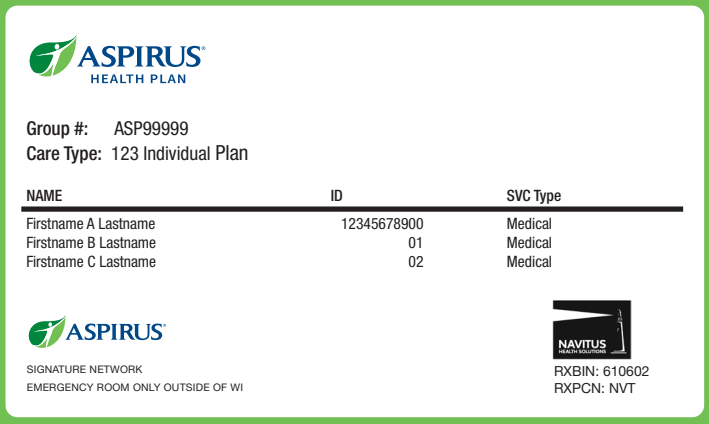
Hear in America hearing plans

- 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

Aspirus Health Plan is the best choice for Aspirus Health patients

Get Started With 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 Customer Service at 866.631.8583 or log into your online account at **aspirushealthplan.com**.


ASPIRUS HEALTH PLAN

Group #: ASP99999
Care Type: 123 Individual Plan

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

ASPIRUS
SIGNATURE NETWORK
EMERGENCY ROOM ONLY OUTSIDE OF WI

NAVITUS HEALTH SOLUTIONS
RXBIN: 610602
RXPCN: NVT

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**, 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** and select **View My Out-of-Pocket and Deductible Balances**.

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**

Signature Network includes

50+ **PRIMARY AND SPECIALTY CARE CLINICS**

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.

Aspirus Health Hospitals in Wisconsin

- Aspirus Chippewa Falls Hospital
- 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

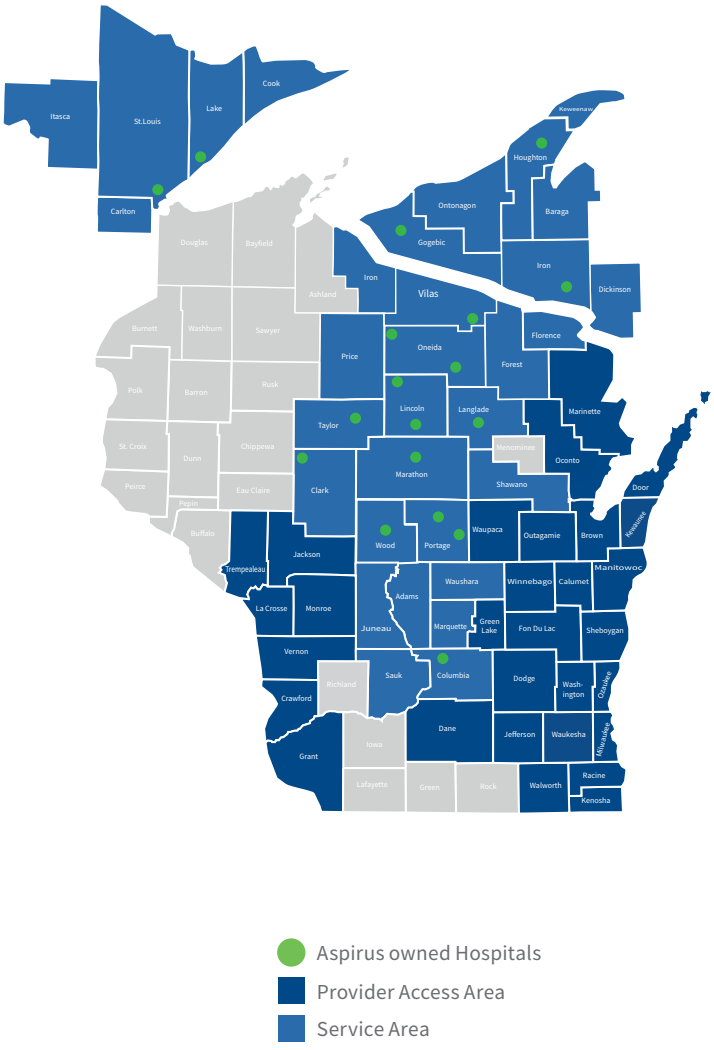
- Aspirus Iron River Hospital
- Aspirus Ironwood Hospital
- Aspirus Keweenaw Hosptial (Laurium)

Aspirus Health Hospitals in Minnesota

- Aspirus Lakeview Hosptial (Two Harbors)
- Aspirus St. Luke's Hospital

Other in-network hospitals throughout Wisconsin include:

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



Aspirus owned Hospitals
Provider Access Area
Service Area

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.

<table>
<tr><th colspan="2">PREVENTIVE SCREENINGS</th></tr>
<tr><td>Routine physical exams</td><td>Abdominal aortic aneurysm screening</td></tr>
<tr><td>Well-child care</td><td rowspan="2">Pregnancy screenings including, but not limited to, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis</td></tr>
<tr><td>Routine immunizations</td></tr>
<tr><td>Mammograms</td><td rowspan="3">Screenings and intervention services (including counseling and education) for:
• Genetic testing for breast and ovarian cancer
• Breastfeeding
• Tobacco use and diseases caused by tobacco use
• Alcohol use</td></tr>
<tr><td>Screening colonoscopies/sigmoidoscopy/ fecal occult blood testing</td></tr>
<tr><td>Bone density test to screen for osteoporosis</td></tr>
<tr><td>Routine hearing screening exam</td><td>Preventive care drugs</td></tr>
<tr><td>Screening tests for lead exposure</td><td>Preventive services for women, as recommended by the Health Resources and Services Administration</td></tr>
</table>

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.

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. For a list of services that require prior authorization, please visit **aspirushealthplan.com/Insurance/PriorAuthorization**.

Before receiving medical services, please call Customer Service 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 for drugs

Please review benefit coverage for any prescription drug coverage that is administrated separately from Aspirus Health Plan.

Contact us about a prior authorization

Customer Service at 866.631.8583 Monday – Friday, 7 am – 5 pm CST

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, and 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 888.632.2738. 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 888.632.2738, 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

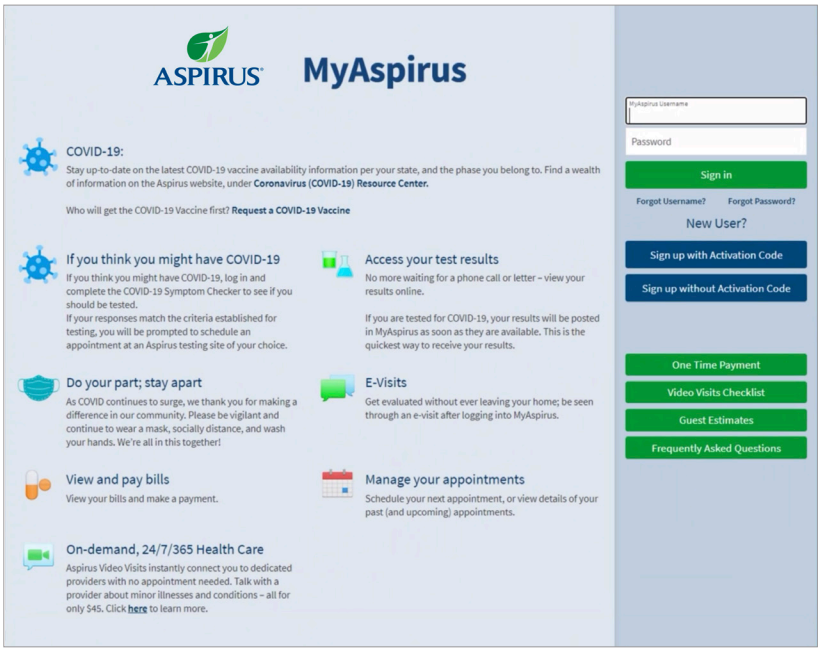
Urgent and Emergency care are covered by Aspirus Health Plan if you are out of the area and need immediate treatment.

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.



Contact us for questions or to report urgent/emergency care received out of the area.

866.631.8583

customerservice@aspirushealthplan.com

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.

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 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**.

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.