

 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 aspirushealthplan.com or call 866-631-4611. For general 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 <https://www.healthcare.gov/sbc-glossary> /or call 866-631-4611 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <u>deductible</u> ?	\$0	See the Common Medical Events chart below for your costs for services this plan covers.
Are there services covered before you meet your <u>deductible</u> ?	Yes.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount.
Are there other <u>deductibles</u> for specific services?	No.	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u> ?	Not Applicable.	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
What is not included in the <u>out-of-pocket limit</u> ?	Not Applicable	This <u>plan</u> does not have an <u>out-of-pocket limit</u> on your expenses.
Will you pay less if you use a <u>network provider</u> ?	Not Applicable.	This <u>plan</u> does not have a <u>provider network</u> . You can receive covered services from any <u>provider</u> .
Do you need a <u>referral</u> to see a <u>specialist</u> ?	Yes.	This plan will pay some or all of the costs to see a tertiary specialist for covered services, but only if you have a referral before you see the specialist.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHP) (You will pay the least)	Non-IHP 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	No charge	No charge	If an <u>out-of-network</u> provider charges more than the <u>allowed</u> amount, you may have to pay the difference (<u>balance billing</u>).
	<u>Specialist</u> visit	No charge	No charge	If an <u>out-of-network</u> provider charges more than the <u>allowed</u> amount, you may have to pay the difference (<u>balance billing</u>).
	<u>Preventive care/screening/immunization</u>	No charge	No charge	You may have to pay for services that aren't <u>preventive</u> . Ask your <u>provider</u> if the services you need are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	<u>Diagnostic test</u> (x-ray, blood work)	No charge	No charge	If an <u>out-of-network</u> provider charges more than the <u>allowed</u> amount, you may have to pay the difference (<u>balance billing</u>). Certain genetic tests and high-technology imaging may require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
	Imaging (CT/PET scans, MRIs)	No charge	No charge	
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at https://www.aspirushealthplan.com/group-individual/Aspirus_Drug_Formulary/AspirusDrugFormulary2021.pdf	Generic drugs	No charge	No charge	Covers up to a 90-day supply. <u>Specialty drugs</u> are always limited to a 30-day supply. If brand is dispensed when a generic is available, you are responsible for the cost difference between the brand and generic which does not count toward your <u>out-of-pocket limit</u> . <u>Specialty drugs</u> and drugs provided by an entity other than a pharmacy require prior authorization. Benefits may not be payable if you do not obtain prior authorization. If an <u>out-of-network</u> provider charges more than the <u>allowed</u> amount, you may have to pay the difference (<u>balance billing</u>).
	Preferred brand drugs	No charge	No charge	
	Non-preferred brand drugs	No charge	No charge	
	<u>Specialty drugs</u>	No charge	No charge	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHP) (You will pay the least)	Non-IHP Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	No charge	No charge	If an <u>out-of-network provider</u> charges more than the <u>allowed amount</u> , you may have to pay the difference (<u>balance billing</u>).
	Physician/surgeon fees	No charge	No charge	If an <u>out-of-network provider</u> charges more than the <u>allowed amount</u> , you may have to pay the difference (<u>balance billing</u>).
If you need immediate medical attention	<u>Emergency room care</u>	No charge	No charge	If an <u>out-of-network provider</u> charges more than the <u>allowed amount</u> , you may have to pay the difference (<u>balance billing</u>).
	<u>Emergency medical transportation</u>	No charge	No charge	
	<u>Urgent care</u>	No charge	No charge	
If you have a hospital stay	Facility fee (e.g., hospital room)	No charge	No charge	If an <u>out-of-network provider</u> charges more than the <u>allowed amount</u> , you may have to pay the difference (<u>balance billing</u>). Non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
	Physician/surgeon fees	No charge	No charge	If an <u>out-of-network provider</u> charges more than the <u>allowed amount</u> , you may have to pay the difference (<u>balance billing</u>). 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	No charge	No charge	If an <u>out-of-network provider</u> charges more than the <u>allowed amount</u> , you may have to pay the difference (<u>balance billing</u>). Non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
	Inpatient services	No charge	No charge	
If you are pregnant	Office visits	No charge	No charge	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound). If an <u>out-of-network provider</u>
	Childbirth/delivery professional services	No charge	No charge	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHP) (You will pay the least)	Non-IHP Provider (You will pay the most)	
	Childbirth/delivery facility services	No charge	No charge	charges more than the <u>allowed amount</u> , you may have to pay the difference (<u>balance billing</u>). Non-emergent inpatient hospital stays require prior authorization. Benefits may not be payable if you do not obtain prior authorization.
If you need help recovering or have other special health needs	<u>Home health care</u>	No charge	No charge	Coverage is limited to 60 visits/year. If an <u>out-of-network provider</u> charges more than the <u>allowed amount</u> , you may have to pay the difference (<u>balance billing</u>).
	<u>Rehabilitation services</u>	No charge	No charge	Rehabilitation services: Coverage is limited to 20 visits/year for physical therapy; 20 visits/year for occupational therapy; and 20 visits/year for speech therapy.
	<u>Habilitation services</u>	No charge	No charge	Habilitation services: Coverage is limited to 20 visits/year for physical therapy; 20 visits/year for occupational therapy; and 20 visits/year for speech therapy. If an <u>out-of-network provider</u> charges more than the <u>allowed amount</u> , you may have to pay the difference (<u>balance billing</u>).
	<u>Skilled nursing care</u>	No charge	No charge	Coverage is limited to 30 days per confinement in a skilled nursing facility. Non-emergent admissions require prior authorization. Benefits may not be payable if you do not obtain prior authorization. If an <u>out-of-network provider</u> charges more than the <u>allowed amount</u> , you may have to pay the difference (<u>balance billing</u>).

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Indian Health Care Provider (IHP) (You will pay the least)	Non-IHP Provider (You will pay the most)	
	<u>Durable medical equipment</u>	No charge	No charge	Coverage is limited to a single purchase of a type of <u>durable medical equipment</u> every three years. Prior authorization required for: <ul style="list-style-type: none"> • All CPAP purchases and rentals • Purchases over \$1,000 • All other rentals as stated on our website Benefits may not be payable if you do not obtain prior authorization. If an <u>out-of-network provider</u> charges more than the <u>allowed amount</u> , you may have to pay the difference (<u>balance billing</u>).
	<u>Hospice services</u>	No charge	No charge	<u>Hospice services</u> require prior authorization. Benefits may not be payable if you do not obtain prior authorization. If an <u>out-of-network provider</u> charges more than the <u>allowed amount</u> , you may have to pay the difference (<u>balance billing</u>).
If your child needs dental or eye care	Children's eye exam	No charge	No charge	Coverage limited to one exam/year. If an <u>out-of-network provider</u> charges more than the <u>allowed amount</u> , you may have to pay the difference (<u>balance billing</u>).
	Children's glasses	No charge	No charge	Coverage limited to one pair of glasses/year. If an <u>out-of-network provider</u> charges more than the <u>allowed amount</u> , you may have to pay the difference (<u>balance billing</u>).
	Children's dental check-up	Not Covered	Not Covered	No coverage for dental check-ups

Excluded Services & Other Covered Services:

Services Your <u>Plan</u> Generally Does NOT Cover (Check your policy or <u>plan</u> document for more information and a list of any other excluded services.)		
<ul style="list-style-type: none">• Abortion (except in cases of rape, incest, or when the life of the mother is endangered)• Acupuncture• Bariatric Surgery• Cosmetic Surgery	<ul style="list-style-type: none">• Dental Care• Infertility Treatment• Long Term Care• Non-emergency care when traveling outside the U.S.	<ul style="list-style-type: none">• Private Duty Nursing• Routine eye care (Adult)• Routine Foot Care• Weight Loss Programs
Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your <u>plan</u> document.)		
<ul style="list-style-type: none">• Chiropractic Care	<ul style="list-style-type: none">• Hearing Aids	

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 Wisconsin Office of the Commissioner of Insurance at 1-800-236-8517; 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 at 866-631-4611. You may also contact your state insurance department at 1-800-236-8517.

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 Minimum Value Standards? Not Applicable.

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) 631-4611.

Hmong (Hmoob): Kev pab nyob rau hauv Hmoob hu (866) 631-4611.

Traditional Chinese (傳統中文): 有關中文協助,請致電 (866) 631-4611.

German (Deutsch): Für Hilfe in deutscher Sprache rufen (866) 631-4611.

————— *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* —————

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 \$0
- Specialist coinsurance \$0
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

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:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$30
The total Peg would pay is	\$30

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$0
- Specialist coinsurance \$0
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

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:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$0

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The plan's overall deductible \$0
- Specialist coinsurance \$0
- Hospital (facility) coinsurance 0%
- Other coinsurance 0%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
 Diagnostic test (*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:

<i>Cost Sharing</i>	
Deductibles	\$0
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$0



Non-Discrimination and Language Access Policy

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

Aspirus Health Plan:

Provides 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)

Provides 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, call us at the phone number on the attached correspondence, your ID card, or the number listed on AspirusHealthPlan.com.

If you believe that Aspirus Health Plan has 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:

Aspirus Health Plan
Attn: Nondiscrimination Grievance Coordinator
PO Box 1062
Minneapolis, MN 55440
Emails: G&A@AspirusHealthPlan.com

You can file a grievance in person, by mail, or by 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 ocrportal.hhs.gov/ocr/portal/lobby.jsf; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; or by phone at 1-800-368-1019, TTY: 1-800-537-7697. Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Albanian VINI RE: Nëse flisni shqip, ju ofrohen shërbime ndihme gjuhësore falas. Na telefononi në numrin e telefonit që gjendet në korespondencën e bashkëngjitur, në pjesën e përparme të kartës suaj ID ose në numrin e renditur në adresën www.aspirushealthplan.com (TTY: 711).

الأمامية لبطاقة تعريف الهوية الخاصة بك أو على الرقم المدرج بالمواقع الإلكترونية التالية www.aspirushealthplan.com (الهاتف النصي: 711). اتصل بنا على رقم الهاتف الموجود بالرسالة المرفقة أو بالجهة

French À NOTER : Si vous parlez le français, des services d'assistance linguistique gratuits sont à votre disposition.

Appelez-nous au numéro de téléphone indiqué sur le courrier joint, au recto de votre carte d'identité ou au numéro indiqué sur le site Internet www.aspirushealthplan.com (ATS : 711).

German HINWEIS: Wenn Sie Deutsch sprechen, stehen für Sie kostenlos Sprachassistenzen zur Verfügung. Rufen Sie uns an. Sie finden die Telefonnummer auf dem beigefügten Schreiben, auf der Vorderseite Ihrer ID-Karte oder unter www.aspirushealthplan.com (TTY: 711).

Hindi ध्यान दें: अगर आप हन्दी बोलते हैं तो आपको लिए भाषा हसायता सेवाएँ www.aspirushealthplan.com पर दिए गए नंबर पर

आपकेहपचान पत्र (आईडी कार्ड) केसामने केपृष्ठ पर दिए गए फोन नंबर या www.aspirushealthplan.com पर दिए गए नंबर पर कॉलकरें (TTY: 711)

Hmong TSHWJ XEEB: Yog hais tias koj hais lus Hmoob, peb muaj cov kev pab cuam hais ua koj hom lus pub rau koj yam tsis xam tus nqi hlo li. Hu rau peb tus nab nrawb xov tooj nyob rau ntawm daim ntawv, sab hauv ntej ntawm koj daim id lossis nab nrawb xov tooj nyob rau hauv www.aspirushealthplan.com (TTY: 711).

Korean 주목해 주세요: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 첨부된 서신, ID 카드 앞면 또는 www.aspirushealthplan.com에 나와 있는 전화번호로 연락해 주십시오(TTY: 711).

Polish UWAGA: jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer podany w załączonej korespondencji, z przodu karty identyfikacyjnej lub numer podany na stronie www.aspirushealthplan.com (TTY: 711).

Russian ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться услугами переводчика. Позвоните по любому номеру, указанному: в прикрепленном письме, на лицевой стороне Вашей идентификационной карты или на сайте www.aspirushealthplan.com (телефайп: 711).

Spanish ATENCIÓN: Si habla español, los servicios de asistencia de idioma están disponibles para usted, sin ningún costo para usted. Lámenos al número de teléfono que se encuentra en la correspondencia adjunta, en la parte de adelante de su tarjeta de identificación o en el número indicado en www.aspirushealthplan.com (TTY: 711).

Tagalog BIGYANG-PANSIN: Kung Tagalog ang ginagamit mong wika, may mga serbisyong tulong sa wika na makukuha mo nang walang babayaran. Tawagan kami sa numero ng telepono na nasa nakalakip na sulat, nasa harapang bahagi ng iyong id card o nakalintang numero sa www.aspirushealthplan.com (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。請撥打隨附之通訊上、ID 卡正面或以下網址：www.aspirushealthplan.com 列出的電話號碼與我們聯絡 (TTY: 711)。

Vietnamese CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Hãy gọi cho chúng tôi theo số điện thoại có trên thư từ đính kèm, mặt trước thẻ id của quý vị hoặc số điện thoại được niêm yết trên www.aspirushealthplan.com (TTY: 711).

Pennsylvania Dutch GEB ACHT: Wann du Deitsch schwetzst, du kannscht Schprooch Services griege, mitaus Koschd. Ruf uns mit der Nummer uff die attached correspondence, die vonne Seide vun dei ID Kaarde odder die Nummer uff www.aspirushealthplan.com(TTY: 711).

Lao ສໍາລັບທ່ານທີ່ສົນໃຈ: ຖ້າທ່ານເວົ້າພາສາລາວ, ມີບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາໂດຍບໍ່ຄິດຄ່າໃຊ້ຈ່າຍ ສໍາລັບທ່ານ. ທ່ານສາມາດໂທຫາພວກເຮົາໄດ້ທີ່ໝາຍເລກຢູ່ເທິງຈົດໝາຍຕິດຕໍ່ທີ່ຕິດຄັດມາ, ດ້ານໜ້າບັດປະຈໍາຕົວຂອງທ່ານ ຫຼື ໝາຍເລກທີ່ລະບຸໄວ້ໃນ

www.aspirushealthplan.com (TTY: 711).