ASPIRUS®
HEALTH PLAN

Welcome to Aspirus Health Plan

Welcome!

We're your local health plan and are eager to help you and those you love enjoy healthy and active lives. Keep this guide as a reference whenever you need care or have questions about your plan. You get the most value from your health benefits when you understand all the features and advantages it offers.

The information in this guide, and additional details, are also available online for your convenience. If you'd prefer to talk with us, you can always call Customer Service.

We're here to help.

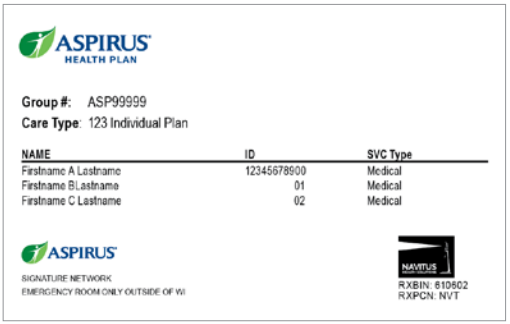
Customer Service

866.631.5404 (TTY: 711)

Monday-Friday, 7 am - 7 pm CT

aspirushealthplan.com

Member ID Card


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
RXBIN: 610502
RXPCN: NVT

Show your member ID card whenever you visit a doctor or clinic. Your card shows your group number and member number. It also lists telephone numbers for Customer Service and other plan information. Please make sure the name on your card is correct. If not, call Customer Service to request a new card. If you lose your card, you can request one online or call Customer Service at **866.631.5404**.

Language Assistance

If you do not speak English, language assistance services are available free of charge. Call Customer Service for help or visit our website.

Get the most from your health plan

The best place to start?

Visit **aspirushealthplan.com** today to register for your own private health plan portal. You'll need your ID card to set up your member portal, which gives you 24/7 access to the information and resources you need to take charge of your health and wellness.

For example, you can:

- Find doctors, clinics and hospitals in your network
- Learn about your prescription drug coverage
- Review your coverage and health plan features in detail
- See your medical and prescription claims history
- Discover Healthwise, a learning resource that covers thousands of health and wellness topics
- Save money with member discounts on sports, travel, wellness, clothing, entertainment and more with Benefit Hub
- Read about your health plan member rights and responsibilities

For assistance setting up your account, give us a call and we'll guide you through the process.

When You Need Care

A great part of your health plan is the network of doctors, clinics and hospitals

Network providers offer the highest level of coverage and the lowest cost to you. Use the online Find a Doctor tool to search for providers by location, name, specialty, board certification, medical residency and professional qualifications, or call Customer Service.

It's smart to choose a primary care practitioner to help you manage your health

Primary care practitioners are sort of like your favorite grocery store: they provide just about everything you need for daily living. Your primary care practitioner is your first resource for preventive care such as annual physicals, flu shots and other immunizations.

Primary care practitioners are usually family practitioners, internal medicine doctors, pediatricians, geriatricians or obstetrician gynecologists.

Choice of health care providers

For the most current list of participating health care providers, please visit our website at **aspirushealthplan.com**, or contact a Aspirus Health Plan Customer Service representative at **866.631.5404** to request a printed directory.

After hours care

In life-threatening situations, go immediately to an emergency room.

Examples of emergency medical conditions include, but are not limited to:

- Chest pain lasting two minutes or more
- Uncontrolled bleeding
- Sudden or severe pain
- Coughing or vomiting blood
- Difficulty breathing, shortness of breath
- Sudden dizziness, weakness, or change in vision
- Severe or persistent vomiting or diarrhea
- Change in mental status (e.g., confusion, difficulty arousing)

Otherwise, ask if your regular clinic offers evening or weekend hours.

Out-of-area care

Your plan includes access to in-network providers outside of Wisconsin if you need care. For members enrolled in an individual policy, the network outside of Wisconsin applies for emergency room visits only. Find participating providers with the Find a Doctor tool on **aspirushealthplan.com**.

Care for chronic or complex conditions

If you're dealing with a chronic condition or complex health issue, understanding your treatment plan, medications and benefit details can feel overwhelming. Let us help you. Our care team can:

- Explain your health issues and treatment options so you can make smart health care choices
- Partner with you and your doctors to help identify goals and support you in your progress
- Coordinate your care in the hospital, at the clinic and at home
- Connect you with community resources
- Help you make healthy lifestyle changes
- Support you as you recover and when you return home

If you have questions about complex and chronic care support, please call us at **715.843.1061**.

What’s covered by your plan

Aspirus Health Plan pays benefits at 100% for certain preventive services and medications when care is received from a participating provider. Examples include annual check-ups, immunizations, and screenings. You can also visit in-network doctors, clinics and hospitals for routine care and emergencies. Virtual care and prescriptions are also included. Check your benefit summary for information about copays, coinsurance and other plan details.

Prior authorization

Certain health care services, providers and medications require prior authorization. It’s a way of making sure that the care you’re seeking is the best option, given your condition. For example, sometimes a suggested test or surgery may not be the best solution for you. Or perhaps a recommended procedure could be performed in an outpatient setting instead of in a hospital. Or, as in the case of cosmetic surgery, it may not be covered by your plan.

Your in-network doctor will coordinate prior authorization for you. However, it’s your responsibility to make sure he or she requests the authorization and that it’s approved by Aspirus Health Plan before you receive services.

Prior authorization - if care is approved

If your prior authorization is approved, the non-participating provider reimbursement value will apply to out-of-network providers and services. The amount the plan pays is the allowed amount for any covered service. But if an out-of-network provider charges more than the allowed amount, you may have to pay the difference.

Here's an example: You go to an out-of-network hospital, which charges $1,500 for an overnight stay. If the allowed amount is $1,000, you may have to pay the $500 difference. This is called balance billing.

Prior authorization - if care is denied

You will receive written notice when coverage for a service is denied. The notice explains why the service was denied and includes an explanation of your rights and how to file a grievance if you disagree with the decision. You may still choose to receive the service, but you are responsible to pay for it. Denial and appeals information is also available on **aspirushealthplan.com**.

To find services and medications that require prior authorization visit **aspirushealthplan.com** or call Customer Service at **866.631.5404**.

Save money on prescriptions

Prescription drugs can be expensive. Your plan includes coverage for $0 copays on select preventive drugs that target common conditions. Your plan also includes a formulary—or list—of cost-effective medications that treat the most common types of conditions. When your doctor writes you a prescription, make sure it is included in the formulary. The formulary is posted on **aspirushealthplan.com** or you can call Customer Service.

There are many ways to manage costs

For example, when your doctor suggests a medication, ask if there is a money-saving generic alternative available. If you forget to ask your doctor, ask your pharmacist before filling the prescription. You can also ask your pharmacist about multiple month supplies or try our mail-order service for convenient at-home delivery.

Pharmacy Benefit Information

If your plan includes a pharmacy benefit managed by Aspirus Health Plan we contract with a Pharmacy Benefit Manager (PBM) to administer your pharmacy benefits. The PBM works with your in-network pharmacy to process your prescription drug claims. It also provides home delivery pharmacy services to you. Please refer to your ID card to determine your PBM.

Most Aspirus Health Plan insurance plans use a drug formulary (also known as a preferred drug list). A drug formulary is a list used by practitioners to identify drugs that offer the greatest overall value. A committee of physicians and pharmacists review and update the drug formulary. Aspirus Health Plan's drug formulary may be accessed from our website at **aspirushealthplan.com** or you may contact our Customer Service Department.

High-cost medications may require prior authorization

Certain high-risk or high-cost medications require prior authorization by the health plan to be eligible for coverage. Your provider can initiate the prior authorization process by providing the necessary medical information to the appropriate authorizing body. A list of medications that require prior authorization as well as who to contact can also be found on our website **aspirushealthplan.com**.

Check your benefit summary for information about copays, coinsurance and other plan details at **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 866.631.5404. 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.

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.

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.

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