



Explore your 2025 Aspirus Health Plan Medicare Advantage Plan



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Review your plan for the year ahead

Our goal is to help you live well every day. We created this guide to help you make the most of your plan and the many health and wellness benefits it provides. Keep it as a handy resource as you explore all your health plan has to offer.

Thank you for choosing Aspirus Health Plan.

Quick reference

Where to reach us when you need help

We're here for you when you need us. Feel free to call or visit us online whenever you have questions about your plan or coverage.

Customer service

715.631.7411 or 1.855.931.4850,
TTY 1.855.931.4852
8 am – 8 pm, seven days a week

Mental Health and Substance Use Services Triage Line

715.631.7442 or 1.855.931.5264,
TTY 715.631.7413
8 am – 5 pm, Monday – Friday

Aspirus Health Plan 24/7 Nurse Line

1.833.968.1769, TTY 1.855.931.4852
24 hours a day, seven days a week

Other important numbers and resources

Costco Mail Order Pharmacy

1.800.607.6861, TTY 711
pharmacy.costco.com

Aspirus Health Plan Healthy Benefits+ Visa® card

1.833.862.8276, TTY 711
healthybenefitsplus.com/aspirus

DentaQuest

1.833.479.0200
8 am – 8 pm, Monday – Friday
dentaquest.com/findadentist

Quit Smoking and Vaping Program

1.855.260.9713, TTY 711
24 hours a day, seven days a week
myquitforlife.com/aspirus

TruHearing®

1.844.782.6486, TTY 711
8 am – 8 pm, Monday – Friday
truhearing.com/aspirus-hs

One Pass

1.877.504.6830, TTY 711
8 am – 9 pm, Monday – Friday
medicare.aspirushealthplan.com/ahp_onepass

Get to know your plan

Your secure online member account

Go to medicare.aspirushealthplan.com/account to set up your account if you're new to our health plans. Have your full member ID number available when creating your account. That number is on your member ID card or can be provided by calling customer service.

Benefits of having an online member account

Easily create your secure online member account to:

- Search your provider and pharmacy network
- Search the list of drugs (formulary) your plan covers
- Download or request a physical member ID card
- See your plan materials, such as your Evidence of Coverage
- Access important health and wellness information
- Manage your contact information
- Pay your monthly plan premiums online and view your premium invoice and payment history
- View and track your claims, including Explanation of Benefits (EOB) documents



Scan this QR code with the camera on your phone or visit medicare.aspirushealthplan.com/account to create or log in to your online member account.

Paying your Aspirus Health Plan premium

There are five ways you can pay your monthly plan premium. When you enrolled in your plan, you chose to:

- Get a monthly bill in the mail
- Have funds transferred electronically from your bank account
- Have your premium deducted from your Social Security check or Railroad Retirement Board fund
- Log in to your member account and pay online
- Pay by phone. Call the customer service phone number on the back of your card and follow the prompts.

If you'd like to change the option you chose, call the number on the back of your member ID card.



Find out how to give consent to share your health information with family members

We understand that your family cares about your health. If you'd like us to share your health information with them, we need your consent. Go to medicare.aspirushealthplan.com and click on "Member Resources." Then print the Statement of Representative Form (PDF), complete and mail back to us. Call the customer service number on the back of your member ID card.

Using your member ID card



Your member ID card is key to getting the care you need. Show it whenever you seek care to help your doctors, clinics and pharmacists better understand your health care coverage.

Tips for using your card

Check your member ID card when you receive it to make sure your information is correct. Here are a few other tips to keep in mind:

- Always carry your card with you so you'll have it when you need it
- Have your card handy when you call us
- If your card is lost, download or request a replacement through your online member account or by calling customer service

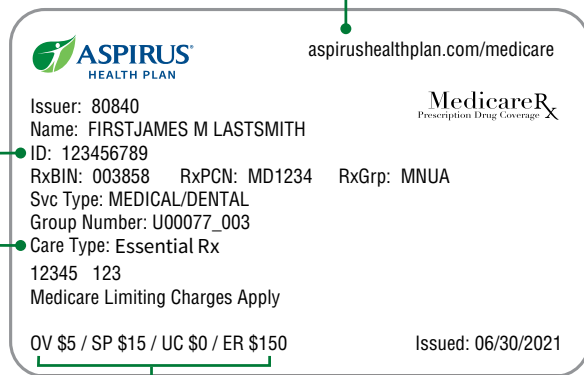
Member ID card

Member ID number

Your member ID number is unique to you

Aspirus Health Plan website

View plan information and manage your account



Plan name

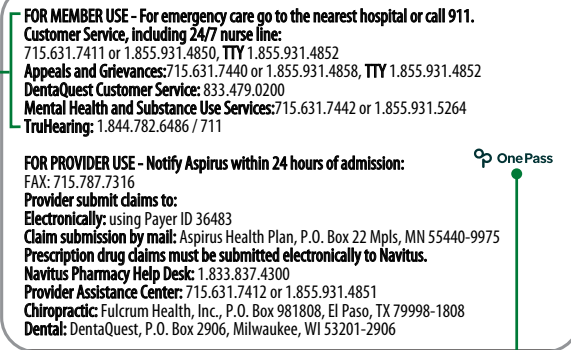
The name of your health plan

Copays

The amount you pay when you get care in a doctor's office (OV), specialist (SP), urgent care (UC) or emergency room (ER)

Contact information

Where to call for help and information



One Pass fitness program

Shows you have One Pass fitness benefits



Find care in your network

Go to search.aspirushealthplan.com to browse through the online directory. Use this online tool to find:



People

Doctors, specialists, chiropractors and other kinds of care with their educational and professional qualifications listed



Places

Hospitals, clinics, home health care, hospice, urgent care and more



Pharmacies

Retail pharmacies in network



Drug list

Covered prescription drugs and restrictions

You can also review your Evidence of Coverage, list of covered drugs (formulary) and Provider and Pharmacy Directory online. Search on our website under “Member Resources” to locate these plan documents and more. If you have any questions or would like us to mail you a copy of your plan documents, please call the number on the back of your member ID card.

Online search tool FAQs

Why do I start by choosing a plan?

We want to make sure that members who use the tool are viewing only people, places and pharmacies that provide services for their plan. Selecting the plan choice first is the best way to ensure this occurs.

Where can I find my plan name?

There are three ways you can quickly get your plan name:

- **Member ID card:** The name of your specific plan is listed under “Care Type.”
- **Online member account:** Sign in at medicare.aspirushealthplan.com/account. Once you have logged in to your secure online member account, you’ll be able to access your plan benefits, including plan name and related information.
- **Customer service:** Call the number on the back of your member ID card. We are always happy to help!

When entering a location, do I need to select one of the options that appears in the drop-down box?

Yes — this tool uses Google location technology. You will get best results by selecting one of the location options presented. Also, this tool uses countrywide location capabilities, so make sure you select the correct city and state.



Save more when you use a network pharmacy

Fill your prescriptions nationwide at one of our 63,000 network pharmacies and pay less for your drugs. To find a network pharmacy near you, use the online tool at search.aspirushealthplan.com.

Plan highlights

Drug benefits

Prescription drug benefits are an important part of your health care coverage. See your Evidence of Coverage for details so you'll know how to make the most of them.

Filling prescriptions

You can choose from three ways to fill your prescription:

- Have your doctor send your prescription to a pharmacy in your plan network
- Take the written prescription to a pharmacy in your plan network
- Use Costco Mail Order Pharmacy

You also have the option to manage your prescription drug costs through the Medicare Prescription Payment Plan, which starts January 1, 2025. Learn more at medicare.aspirushealthplan.com/rx-paymentplan.

Costco Mail Order Pharmacy

You can save time with free home delivery from Costco Mail Order Pharmacy. You don't need to be a Costco member to use this service. Call Costco Mail Order Pharmacy at 1.800.607.6861 or visit their website at pharmacy.costco.com to learn more and sign up.

Insulin

You won't pay more than \$35 for a one-month supply of Part D insulin covered by our plan or Part B insulin, even if you haven't paid your Part D deductible.

Preventive vaccines

Your plan covers flu and pneumonia vaccines. Plans that include Part D cover most Part D vaccines at no cost to you, even if you haven't paid your Part D deductible. You can get these vaccines at your pharmacy; call ahead to see if the pharmacy requires an appointment.

Preventive care

Your plan also covers many preventive screenings and services at no cost to you, including a comprehensive yearly Medicare wellness visit. Be sure to talk with your doctor about which screenings are important for you:

- Bone density test
- Diabetes screening
- Cholesterol test
- Hypertension and blood pressure control
- Mammogram
- Colon cancer screening
- Flu shots and vaccinations

You may be able to earn rewards when you complete certain screenings, tests or exams. If you do, your reward dollars will be loaded on your Healthy Benefits+ card. Log in to your online member account at medicare.aspirushealthplan.com/account to learn more about rewards you may be eligible for.





Coverage when traveling in the U.S.

As an Aspirus Health Plan member, you have access to out-of-state providers. At these providers, your plan works the same as in-network — giving you the same great coverage.

If you see providers outside the Aspirus Health Plan network, you'll have coverage at any provider that accepts Medicare within the U.S., but you may pay more.

Dental coverage

Your plan includes routine dental coverage. You can also add optional dental coverage for an additional monthly premium. Visit dentaquest.com/findadentist to get the best benefit by using a dentist in the DentaQuest network.

Vision coverage

Your plan includes a yearly routine eye exam and up to two vision tests. Diagnostic eye exams are covered by your plan with a copay. You'll receive an annual prescription eyewear allowance loaded to your Healthy Benefits+ card. See your Evidence of Coverage to learn more about your vision benefits.

Hearing exams and hearing aids

Aspirus Health Plan has partnered with TruHearing to offer comprehensive hearing care. Your plan includes one routine hearing exam per year without any copay. You can get up to two TruHearing-branded hearing aids each year with a copay per aid. Copay amounts vary by Aspirus Health Plan Medicare Advantage plan with benefits limited to TruHearing's Advanced and Premium hearing aids. For more information on covered hearing aids or to schedule an appointment with a TruHearing provider, call 1.844.782.6486, TTY 711, 8 am – 8 pm, Monday – Friday.

Care by phone or online

Telehealth visits are covered for Medicare-approved services. Aspirus Health Plan also covers e-visits at no charge when you use Virtuwell®, which provides online diagnosis and treatment for minor conditions. See your Evidence of Coverage for more information.

Nurse Line

The Aspirus Health Plan 24/7 Nurse Line gives you access to medical and health information 24 hours a day, seven days a week, including weekends and holidays. This telephone service is available at no additional cost to members. Call 1.833.968.1769, TTY 1.855.931.4852 to get the help you need.

Member programs and resources

Improve your health with programs and resources that go beyond your covered benefits.

Aspirus Health Plan Healthy Benefits+ Visa card

Your Aspirus Health Plan Healthy Benefits+ Visa card offers the flexibility and convenience of one card for:

- Over-the-counter (OTC) allowance
- Prescription eyewear allowance
- Grocery discounts
- Rewards and incentives



Your Healthy Benefits+ card is reloadable each year and is valid until the expiration date or you're no longer an Aspirus Health Plan member. Be sure to keep your card, since you won't be sent a new one each year. Allowance amounts and expiration dates vary by plan and program.

To learn more, check your card balance or request a replacement card, visit healthybenefitsplus.com/aspirus or call 1.833.862.8276, TTY 711. This phone number is also on the back of your Healthy Benefits+ card.

Over-the-counter allowance

You get a \$75 over-the-counter allowance loaded onto your Healthy Benefits+ card to purchase eligible health items at participating retailers. Eligible items include cough drops, first aid supplies, pain relief, sinus medications, toothpaste and much more!

Prescription eyewear allowance

Eligible plans include a prescription eyewear allowance. You'll receive \$175 or \$250 annually, depending on your plan. We load the annual allowance on your Healthy Benefits+ card, then you pay for eyewear using this card.

Grocery discounts

Get discounts on healthy foods like milk, whole-grain bread, lean meat, eggs, yogurt, fruits, vegetables and more at participating grocery stores. Weekly discounts are pre-loaded onto your Healthy Benefits+ card. Simply scan your card when paying to access your discount.

Strong and Stable Kit

The Strong and Stable Kit provides tools to help you stay strong and prevent falls.

This kit includes:

- Resistance band strength kit
- Tip sheets with helpful falls prevention advice
- Tub grips to make your bathtub or shower safer
- Nightlight to keep a bathroom or another area of your home well-lit at night
- Medication box to help take medications correctly

If you'd like to order the kit, contact the customer service number on the back of your member ID card or log into your online member account at medicare.aspirushealthplan.com/account.

You must be an eligible Aspirus Health Plan member at the time of the order. Limit one kit per year per member. Kit contents may be subject to change. Please allow 4 – 6 weeks for delivery.

Quit Smoking and Vaping Program

Learn how to stop smoking, vaping or chewing tobacco at no charge with our tobacco and nicotine quit line. Nicotine patches, gum or lozenges are also available to eligible Aspirus Health Plan members.

Get help to kick the habit from the comfort of your own home by:

- Calling the tobacco and nicotine quit line toll-free 1.855.260.9713, TTY 711, available 24 hours a day, seven days a week
- Visiting myquitforlife.com/aspirus
- Downloading the Rally Coach Quit For Life mobile app



Health care directives and other plan documents

A health care directive is a written document that informs others of your wishes about your health care. Contact your health care provider, your attorney, or call 1.855.409.9410 to learn more.

A suggested health care directive form is available online at [medicare.aspirushealthplan.com/asp-advance-directives](https://www.medicare.aspirushealthplan.com/asp-advance-directives).

If you have questions, call the customer service number on the back of your member ID card.

Fitness programs

Your Aspirus Health Plan includes fitness benefits to help you improve your health, stay active and take care of yourself.

One Pass fitness program

One Pass is a complete fitness solution for your body and mind, available to you at no additional cost. You'll have access to more than 24,000 participating fitness locations nationwide, plus:

- Thousands of on-demand and live-streaming fitness classes
- Workout builders to create your own workouts and walk you through each exercise
- Home fitness kits for members who are physically unable to visit or reside at least 15 miles outside a participating fitness location
- Personalized, online brain training program to help improve memory, attention and focus
- Social activities, community classes and events available for online or in-person participation

Find participating locations near you at [medicare.aspirushealthplan.com/ahp_onepass](https://www.medicare.aspirushealthplan.com/ahp_onepass) or call toll-free 1.877.504.6830, TTY 711, 8 am – 9 pm, Monday – Friday.

Activity tracker plus Personal Emergency Response System (PERS) device

Aspirus Essential Rx members can get an easy-to-use activity tracker plus Personal Emergency Response System (PERS) device. This device features 24/7 emergency support, step and heart rate tracking and a built-in GPS. It's ready to use right out of the box without set up or pairing to a cell phone or Wi-Fi. Members who use the device are also eligible for a blood pressure monitor.

To order the activity tracker plus PERS device or blood pressure monitor, call 612.294.0023.

Notice of Nondiscrimination

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 does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

We provide aids and services at no charge to people with disabilities to communicate effectively with us, such as TTY line, or written information in other formats, such as large print.

If you need these services, contact us at **715.631.7411 (voice)** or toll free at **1.855.931.4850 (voice)**, **715.631.7413 (TTY)**, or **1.855.931.4852 (TTY)**.

We provide language services at no charge to people whose primary language is not English, such as qualified interpreters or information written in other languages.

If you need these services, contact us at the **number on the back of your membership card** or **715.631.7411** or toll free at **1.855.931.4850 (voice)**; **715.631.7413** or toll free at **1.855.931.4852 (TTY)**.

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 an oral or written grievance.

Oral grievance

If you are a current Aspirus Health Plan member, please call the number on the back of your membership card. Otherwise please call **715.631.7411** or toll free at **1.855.931.4850 (voice)**; **715.631.7413** or toll free at **1.855.931.4852 (TTY)**. You can also use these numbers if you need assistance filing a grievance.

Written grievance

Mailing Address

Attn: Appeals and Grievances

Aspirus Health Plan

PO Box 51

Minneapolis, MN 55440

Email: cagMA@aspirushealthplan.com

Fax: 715.631.7439

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, 1-800-537-7697 (TDD)

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

XIYYEEFFANNA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

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 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852)。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/ 1.855.931.4852).

ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/ 1.855.931.4852).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶቻችን በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚክተሎው ቁጥር ይደውሉ 715.631.7411/1.855.931.4850 (መስማት ለተሳናቸው: 715.631.7413/ 1.855.931.4852).

ဟံသုဂ်ဟံသး-နမ့်ကတိ ကညိ ကျိအယိ, နမန့် ကျိအတတ်မဏလ တလက်ဘူဂ်လ ဝိစု နိတမံဘဂ်သုနုဂ်လိ. ကိ: 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/ 1.855.931.4852).

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, វេសវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/ 1.855.931.4852)។

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان . اتصل برقم : 715.631.7411/1.855.931.4850 (رقم هاتف الصم والبكم: (TTY: 715.631.7413/1.855.931.4852).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/ 1.855.931.4852) .

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 612-676-6500/1-866-457-7144 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/ 1.855.931.4852).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/ 1.855.931.4852).

U7076B (11/17)

Notice of Privacy Practices

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 May 13, 2024, 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 715.843.1393, Monday through Friday, 8 am to 5 pm, or write to us at:

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

Aspirus Health Plan, Inc. is a PPO plan with a Medicare contract. Enrollment in Aspirus Health Plan, Inc. depends on contract renewal.

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medicare.aspirushealthplan.com

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Important Aspirus information