

Aspirus Health Plan Elite (PPO) offered by Aspirus Health Plan, Inc.

Annual Notice of Changes for 2025

You are currently enrolled as a member of Aspirus Health Plan Elite. Next year, there will be changes to the plan's costs and benefits. *Please refer to page 8 for a Summary of Important Costs, including Premium.*

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at medicare.aspirushealthplan.com/member-resources. You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

What to do now

1. **ASK:** Which changes apply to you

- Check if the changes to our benefits and costs affect you.
 - Review the changes to medical care costs (doctor, hospital).
 - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers will be in our network next year.
- Think about whether you are happy with our plan.

2. **COMPARE:** Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at www.medicare.gov/plan-compare website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.



3. **CHOOSE:** Decide whether you want to change your plan

- If you don't join another plan by December 7, 2024, you will stay in Aspirus Health Plan Elite.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with Aspirus Health Plan Elite.
- If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

Additional Resources

- Please contact our Customer Service number at 715.631.7411 or 1.855.931.4850 (this call is free) for additional information. TTY users should call 715.631.7413 or 1.855.931.4852 (this call is free). Hours are 8 am – 8 pm, seven days a week.
- Upon request, we can give you information in braille, in large print, or other alternate formats if you need it.
- **Coverage under this plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at www.irs.gov/Affordable-Care-Act/Individuals-and-Families for more information.

About Aspirus Health Plan Elite

- Aspirus Health Plan, Inc. is a PPO plan with a Medicare contract. Enrollment in Aspirus Health Plan, Inc. depends on contract renewal.
- When this document says “we,” “us,” or “our,” it means Aspirus Health Plan, Inc. When it says “plan” or “our plan,” it means Aspirus Health Plan Elite.
- This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare's), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.

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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 Health Plan 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).

XIYYEEFFANNAA: 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 (телетайп: 715.631.7413/1.855.931.4852).

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

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም ኣርዳታ ድርጅቶቻችን በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚክተለው ቁጥር ይደውሉ 715.631.7411/1.855.931.4850 (መስማት ለተሳናቸው: 715.631.7413/1.855.931.4852).

ဟ်သုဂ်ဟ်သး-နမုာ်ကတိၤ ကညိ ကျိာ်အယိ, နမုာ် ကျိာ်အတၢ်မၤစၢလၢ တလၢဂ်ဘျုးလၢဂ်စ့ၤ နိတမံၤဘျုးသ့န့ၢ်လီၤ. ဝိ: 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: បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, រសវាជំនួយវេជ្ជកម្មភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បរិរិក្ខក។ 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: 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 (ATS : 715.631.7413/1.855.931.4852).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/ 1.855.931.4852) 번으로 전화해 주십시오.

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).

Multi-Language Insert Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **715.631.7411/1.855.931.4850**. Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al **715.631.7411/1.855.931.4850**. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 **715.631.7411/1.855.931.4850**。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 **715.631.7411/1.855.931.4850**。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa **715.631.7411/1.855.931.4850**. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au **715.631.7411/1.855.931.4850**. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi **715.631.7411/1.855.931.4850** sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter **715.631.7411/1.855.931.4850**. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 **715.631.7411/1.855.931.4850** 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону **715.631.7411/1.855.931.4850**. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على **715.631.7411/1.855.931.4850**. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें **715.631.7411/1.855.931.4850** र फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero **715.631.7411/1.855.931.4850**. Un nostro incaricato che parla Italiano vi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número **715.631.7411/1.855.931.4850**. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan **715.631.7411/1.855.931.4850**. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer **715.631.7411/1.855.931.4850**. Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、**715.631.7411/1.855.931.4850** にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

Annual Notice of Changes for 2025

Table of Contents

Summary of Important Costs for 2025	8
Section 1 Changes to Benefits and Costs for Next Year	9
Section 1.1 – Changes to the Monthly Premium.....	9
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts	9
Section 1.3 – Changes to the Provider Network.....	10
Section 1.4 – Changes to Benefits and Costs for Medical Services.....	11
Section 2 Administrative Changes	11
Section 3 Deciding Which Plan to Choose.....	11
Section 3.1 – If you want to stay in Aspirus Health Plan Elite	11
Section 3.2 – If you want to change plans	11
Section 4 Deadline for Changing Plans	12
Section 5 Programs That Offer Free Counseling about Medicare	13
Section 6 Programs That Help Pay for Prescription Drugs.....	13
Section 7 Questions?	14
Section 7.1 – Getting Help from Aspirus Health Plan Elite	14
Section 7.2 – Getting Help from Medicare	15

Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for Aspirus Health Plan Elite in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<p>Monthly plan premium</p> <p>Refer to Section 1.1 for details.</p>	\$0	\$0
<p>Maximum out-of-pocket amounts</p> <p>This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services.</p> <p>(Refer to Section 1.2 for details.)</p>	<p>From in-network providers: \$3,200</p> <p>From in-network and out-of-network providers combined: \$3,200</p>	<p>From in-network providers: \$3,200</p> <p>From in-network and out-of-network providers combined: \$3,200</p>
<p>Doctor office visits</p>	<p>In-network: Primary care visits: \$0 copay per visit Specialist visits: \$40 copay per visit</p> <p>Out-of-network: Primary care visits: \$0 copay per visit Specialist visits: \$40 copay per visit</p>	<p>In-network: Primary care visits: \$0 copay per visit Specialist visits: \$40 copay per visit</p> <p>Out-of-network: Primary care visits: \$0 copay per visit Specialist visits: \$40 copay per visit</p>
<p>Inpatient hospital stays</p>	<p>In-network: \$300 copay for each Medicare-covered hospital stay until discharge.</p> <p>Out-of-network: 30% coinsurance</p>	<p>In-network: \$300 copay for each Medicare-covered hospital stay until discharge.</p> <p>Out-of-network: 30% coinsurance</p>

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
Monthly premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Choice Dental (optional supplemental benefit)	\$25	\$29
Part B Premium Reduction	\$25	\$25

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out of pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<p>In-network maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.</p>	<p>\$3,200</p> <p>Once you have paid \$3,200 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p>	<p>\$3,200</p> <p>Once you have paid \$3,200 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p>
<p>Combined maximum out-of-pocket amount</p> <p>Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.</p>	<p>\$3,200</p> <p>Once you have paid \$3,200 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p>	<p>\$3,200</p> <p>Once you have paid \$3,200 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from network or out-of-network providers for the rest of the calendar year.</p>

Section 1.3 – Changes to the Provider Network

Updated directories are located on our website at search.aspirushealthplan.com. You may also call Customer Service for updated provider information or to ask us to mail you a directory, which we will mail within three business days.

There are changes to our network of providers for next year. **Please review the 2025 *Provider and Pharmacy Directory* (search.aspirushealthplan.com) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors, and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Customer Service so we may assist.

Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2024 (this year)	2025 (next year)
Skilled nursing facility care	In-network: You pay a \$0 copay per day for days 1-20; \$203 copay per day for days 21-43; \$0 copay per day for days 44-100, per benefit period.	In-network: You pay a \$0 copay per day for days 1-20; \$214 copay per day for days 21-43; \$0 copay per day for days 44-100, per benefit period.

SECTION 2 Administrative Changes

Description	2024 (this year)	2025 (next year)
Dental Benefits Administrator	Delta Dental administers dental services on behalf of Aspirus Health Plan.	DentaQuest administers dental services on behalf of Aspirus Health Plan.

SECTION 3 Deciding Which Plan to Choose

Section 3.1 – If you want to stay in Aspirus Health Plan Elite

To stay in our plan, you don't need to do anything. If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Aspirus Health Plan Elite.

Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 follow these steps:

Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- – *OR* – You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, there may be a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder (www.medicare.gov/plan-compare), read the *Medicare & You 2025* handbook, call your State Health Insurance Assistance Program (refer to Section 5), or call Medicare (refer to Section 7.2).

As a reminder, Aspirus Health Plan, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost-sharing amounts.

Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Aspirus Health Plan Elite.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Aspirus Health Plan Elite.
- To **change to Original Medicare without a prescription drug plan**, you must either:
 - Send us a written request to disenroll or visit our website to disenroll online. Contact Customer Service if you need more information on how to do so.
 - *OR* – Contact **Medicare**, at 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1.877.486.2048.

SECTION 4 **Deadline for Changing Plans**

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2025.

Are there other times of the year to make a change?

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2025, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2025.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 5 Programs That Offer Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Wisconsin, the SHIP is called the State of Wisconsin - Board on Aging & Long Term Care (BOALTC).

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. State of Wisconsin - Board on Aging & Long Term Care counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call the State of Wisconsin - Board on Aging & Long Term Care at the phone numbers listed below.

Wisconsin SHIP

State of Wisconsin - Board on Aging & Long Term Care

1402 Pankratz Street, Suite 111

Madison, WI 53704-4001

1.800.242.1060 (this call is free)

TTY call 711

longtermcare.wi.gov

SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, yearly deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
 - 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048, 24 hours a day, 7 days a week;
 - The Social Security Office at 1.800.772.1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call 1.800.325.0778; or
 - Your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** Wisconsin has a program called Wisconsin SeniorCare that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health Insurance Assistance Program.
- **What if you have coverage from an AIDS Drug Assistance Program (ADAP)?** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible individuals living with HIV/AIDS have access to life-saving HIV medications. Medicare part D prescription drugs that are also covered by ADAP qualify for prescription cost-sharing assistance through the ADAP. **Note:** To be

eligible for the ADAP operating in your State, individuals must meet certain criteria, including proof of State residence and HIV status, low income as defined by the State, and uninsured/under-insured status.

If you are currently enrolled in an ADAP, it can continue to provide you with Medicare Part D prescription cost-sharing assistance for drugs on the ADAP formulary. In order to be sure you continue receiving this assistance, please notify your local ADAP enrollment worker of any changes in your Medicare Part D plan name or policy number.

For information on eligibility criteria, covered drugs, or how to enroll in the program, please call your state ADAP at the numbers listed below.

Wisconsin ADAP

Wisconsin Department of Health Services

Division of Public Health

Attn: ADAP

P.O. Box 2659

Madison, WI 53701-2659

608.261.6952, 608.267.6875 or 1.800.991.5532 (this call is free)

TTY call 711 or the Wisconsin Relay Service at 1.800.947.3529 (this call is free)

SECTION 7 Questions?

Section 7.1 – Getting Help from Aspirus Health Plan Elite

Questions? We're here to help. Please call Customer Service at 715.631.7411 or 1.855.931.4850 (this call is free). TTY only, call 715.631.7413 or 1.855.931.4852 (this call is free). We are available for phone calls 8 am – 8 pm, seven days a week.

Read your 2025 *Evidence of Coverage* (it has details about next year's benefits and costs)

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2025. For details, look in the 2025 *Evidence of Coverage* for Aspirus Health Plan Elite. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [medicare.aspirushealthplan.com/member-resources](https://www.medicare.aspirushealthplan.com/member-resources). You may also call Customer Service to ask us to mail you an *Evidence of Coverage*.

Visit our Website

You can also visit our website at [medicare.aspirushealthplan.com](https://www.medicare.aspirushealthplan.com). As a reminder, our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*).

Section 7.2 – Getting Help from Medicare

To get information directly from Medicare:

Call 1.800.MEDICARE (1.800.633.4227)

You can call 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.

Visit the Medicare Website

Visit the Medicare website (www.medicare.gov). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to www.medicare.gov/plan-compare.

Read *Medicare & You 2025*

Read the *Medicare & You 2025* handbook. Every fall, this document is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, 7 days a week. TTY users should call 1.877.486.2048.



PO Box 51
Minneapolis, MN 55440
715.631.7411 or 1.855.931.4850 (this call is free)
TTY: 715.631.7413 or 1.855.931.4852 (this call is free)
8 am – 8 pm, seven days a week
[medicare.aspirushealthplan.com](https://www.medicare.aspirushealthplan.com)

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