

Choose the plan that's right for you.

This chart helps you compare costs and coverage to find a plan that fits your needs and budget. If you want help as you shop for a plan, talk to our Medicare experts.



by phone

715.631.7437 or 1.855.931.4855 toll-free
TTY users call 715.631.7413 or 1.855.931.4852 toll-free

Call a trusted broker near you.



online

[medicare.aspirushealthplan.com](https://www.medicare.aspirushealthplan.com)

This information is not a complete description of benefits. Call 1.855.931.4855 or TTY 1.855.931.4852 for more information.

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

Out-of-network/non-contracted providers are under no obligation to treat Aspirus members, except in emergency situations. Please call Customer Service or see your Evidence of Coverage for more information, including the cost-sharing that applies to out-of-network services.

TruHearing is a registered trademark of TruHearing, 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.

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).



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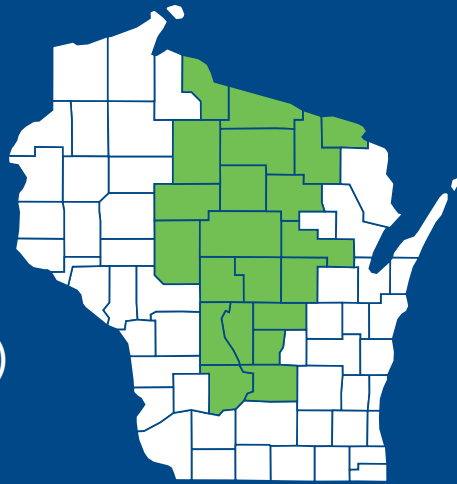
2025 Aspirus Health Plan

Medicare Advantage Plans Comparison Chart



Aspirus Health Plan

Our Medicare Advantage plans are available in 21 Wisconsin counties



Essential Rx (PPO*)
Elite (PPO*)

Adams, Clark, Columbia, Florence, Forest, Iron, Juneau, Langlade, Lincoln, Marathon, Marquette, Oneida, Portage, Price, Sauk, Shawano, Taylor, Vilas, Waupaca, Waushara and Wood

Great coverage, affordable plans

- Lower cost care through the Aspirus Health network
- No referral to see a specialist
- \$0 copay for many preventive care services
- \$0 premium plans with and without Medicare Part D
- Elite includes a \$25 monthly Medicare Part B premium giveback
- Hearing aid, dental and eyewear coverage
- Fitness benefit
- Over-the-counter (OTC) allowance
- Coverage anywhere in the U.S. with any Medicare provider

*PPO: Preferred Provider Organization

For services at in-network providers. See the Summary of Benefits for details.

	Essential Rx	Elite
2025 monthly premium (You must continue to pay your Part B premium)	\$0	\$0
Monthly Medicare Part B premium giveback	None	\$25
Maximum out-of-pocket The most you will pay out-of-pocket for both in-network and out-of-network Medicare-covered services, combined each year. Excludes Medicare Part D and all other non-Medicare covered services and premium. This is not a deductible.	\$4,500	\$3,200
Preventive care	\$0 copay for many services	\$0 copay for many services
Doctor visits (in-person or telehealth for Medicare-approved services)	Primary: \$0 copay Specialist: \$40 copay	Primary: \$0 copay Specialist: \$40 copay
Inpatient hospital (per admission)	\$400 copay per stay ; then 100% covered	\$300 copay per stay ; then 100% covered
Outpatient surgery/services and observation stay	\$295 copay	\$195 copay
Emergency care (worldwide)	\$100 copay	\$100 copay
Lab services	\$0 copay	\$0 copay
Out-of-network coverage	When you get care from any provider that accepts Medicare, you'll have the same copay as in-network for primary care, mental health visits, specialist, lab and physical therapy. You will pay 30% of the cost of most other non-emergency services received out-of-network.	
Dental coverage	Includes routine dental with optional coverage available for an additional \$29 per month	
Over-the-counter (OTC) allowance	\$75 per month	\$75 twice a year
Hearing coverage (through TruHearing®)	\$0 copay routine hearing exam \$699 copay Advanced hearing aid \$999 copay Premium hearing aid	\$0 copay routine hearing exam \$599 copay Advanced hearing aid \$899 copay Premium hearing aid
Vision coverage	\$0 copay routine eye exam \$250 eyewear allowance	\$0 copay routine eye exam \$175 eyewear allowance
Fitness program	\$0 basic gym membership, online classes, at-home fitness kits, brain training and social events	
Medicare Part D prescription drug coverage	Annual deductible: Tiers 1 & 2 = \$0 Tiers 3 - 5 = \$245 Copays based on drug tiers, as low as \$0	Not covered You CANNOT be a member of this plan and a standalone Part D plan at the same time. You can have this plan along with SeniorCare (Wisconsin State Pharmaceutical Assistance Program) or other creditable drug coverage (e.g., Veterans Affairs).