

Aspirus Health Plan Essential Rx (PPO) offered by Aspirus Health Plan, Inc.

Annual Notice of Change for 2026

You're enrolled as a member of Aspirus Health Plan Essential Rx.

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2025, you'll stay in Aspirus Health Plan Essential Rx.
- To change to a **different plan**, visit www.Medicare.gov or review the list in the back of your *Medicare & You 2026* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at **medicare.aspirushealthplan.com/member-resources** or call Customer Service at 715.631.7411 or 1.855.931.4850 (this call is free) 8 am – 8 pm, seven days a week (TTY users call 715.631.7413 or 1.855.931.4852 (this call is free)) to get a copy by mail.

More Resources

Call Customer Service at 715.631.7411 or 1.855.931.4850 (this call is free) 8 am – 8 pm, seven days a week (TTY users call 715.631.7413 or 1.855.931.4852 (this call is free) 8 am – 8 pm, seven days a week) for more information.

About Aspirus Health Plan Essential Rx

- Aspirus Health Plan, Inc. is a PPO plan with a Medicare contract. Enrollment in Aspirus Health Plan, Inc. depends on contract renewal.
- When this material says “we,” “us,” or “our,” it means Aspirus Health Plan, Inc. When it says “plan” or “our plan,” it means Aspirus Health Plan Essential Rx.
- **If you do nothing by December 7, 2025 you'll automatically be enrolled in Aspirus Health Plan Essential Rx.** Starting January 1, 2026, you'll get your medical and drug coverage through Aspirus Health Plan Essential Rx. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Notice of Availability

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

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請注意：如果您講粵語，可得免費語言協助服務。還可免費提供適當的輔助工具和服務，能以無障礙格式提供資訊。請致電 715.631.7411/1.855.931.4850 (聽障專線：715.631.7413/1.855.931.4852)。

请注意：如果您说普通话，我们可为您提供免费的语言协助服务。此外，我们还免费提供适当的辅助设备和服务，以无障碍格式提供信息。请致电 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852)。

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ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852) an.

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ВНИМАНИЕ: Если вы говорите на русском языке, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в других форматах также можно получить бесплатно. Позвоните по номеру 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

FIIRO GAAR AH: Haddii aad ku hadasho Af-Soomaali, adeegyada caawimaada luuqadda ee bilaashka ah ayaa lagu heli karaa. Kaalmooyinka iyo adeegyada dheeraadka ah ee kugu habboon si macluumaadka laguugu siiyo qaabab la isticmaali karo ayaa sidoo kale lagu heli karaa weliba si lacag la'aan ah. Wac 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También disponemos de ayudas y servicios auxiliares adecuados de forma gratuita para facilitar información en formatos accesibles. Llame al 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

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CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Ngoài ra, cũng có sẵn các hỗ trợ và dịch vụ phụ trợ thích hợp miễn phí nhằm cung cấp thông tin ở các định dạng có thể truy cập. Gọi 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

Annual Notice of Changes for 2026

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Summary of Important Costs for 2026

	2025 (this year)	2026 (next year)
Monthly plan premium* * Your premium can be higher than this amount. Go to Section 1.1 for details.	\$0	\$0
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	From in-network providers: \$4,500 From in-network and out-of-network providers combined: \$4,500	From in-network providers: \$5,500 From in-network and out-of-network providers combined: \$5,500
Primary care office visits	In-network: \$0 copayment per visit Out-of-network: \$0 copayment per visit	In-network: \$0 copayment per visit Out-of-network: \$0 copayment per visit
Specialist office visits	In-network: \$40 copayment per visit Out-of-network: \$40 copayment per visit	In-network: \$45 copayment per visit Out-of-network: \$45 copayment per visit
Inpatient hospital stays Includes inpatient acute, inpatient rehabilitation, long-term care hospitals, and other types of inpatient hospital services. Inpatient hospital care starts the day you're formally admitted to the hospital with a doctor's order. The day before you're discharged is your last inpatient day.	In-network: \$400 copayment for each Medicare-covered hospital stay until discharge. Out-of-network: 30% coinsurance	In-network: \$400 copayment for each Medicare-covered hospital stay until discharge. Out-of-network: 30% coinsurance

	2025 (this year)	2026 (next year)
Part D drug coverage deductible (Go to Section 1.7 for details.)	Deductible: \$245 except for covered insulin products and most adult Part D vaccines.	Deductible: \$350 except for covered insulin products and most adult Part D vaccines.
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Copayment or Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$0 copayment Drug Tier 2: \$12 copayment Drug Tier 3: \$47 copayment You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: \$100 copayment You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 30% coinsurance Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs.	Copayment or Coinsurance during the Initial Coverage Stage: Drug Tier 1: \$0 copayment Drug Tier 2: \$10 copayment Drug Tier 3: 20% coinsurance You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: 40% coinsurance You pay \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: 29% coinsurance Catastrophic Coverage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 – Changes to the Monthly Plan Premium

	2025 (this year)	2026 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$0	\$0
Additional premium for optional supplemental benefits If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	\$29	\$29

Factors that could change your Part D Premium Amount

- **Late Enrollment Penalty** - your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- **Higher Income Surcharge** - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.

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

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2025 (this year)	2026 (next year)
In-network maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from network providers count toward your in-network maximum out-of-pocket amount. Your costs for prescription drugs do not count toward your maximum out-of-pocket amount.	\$4,500 Once you've paid \$4,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.	\$5,500 Once you've paid \$5,500 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.
Combined maximum out-of-pocket amount Your costs for covered medical services (such as copayments) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount. Your costs for outpatient prescription drugs do not count toward your maximum out-of-pocket amount for medical services.	\$4,500 Once you've paid \$4,500 out of pocket for covered Part A and Part B services, you'll 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.	\$5,500 Once you've paid \$5,500 out of pocket for covered Part A and Part B services, you'll 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.

Section 1.3 – Changes to the Provider Network

Our network of providers has changed for next year. Review the 2026 *Provider and Pharmacy Directory* to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider and Pharmacy Directory*:

- Visit our website at search.aspirushealthplan.com.
- Call Customer Service at 715.631.7411 or 1.855.931.4850 (this call is free), 8 am – 8 pm, seven days a week (TTY users call 715.631.7413 or 1.855.931.4852 (this call is free)) to get current provider information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Customer Service at 715.631.7411 or 1.855.931.4850 (this call is free) 8 am – 8 pm, seven days a week (TTY users call

715.631.7413 or 1.855.931.4852 (this call is free) for help. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered only if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2026 *Provider and Pharmacy Directory* to see which pharmacies are in our network. Here’s how to get an updated *Provider and Pharmacy Directory*:

- Visit our website at **search.aspirushealthplan.com**.
- Call Customer Service at 715.631.7411 or 1.855.931.4850 (this call is free) 8 am – 8 pm, seven days a week (TTY users call 715.631.7413 or 1.855.931.4852 (this call is free)) to get current pharmacy information or to ask us to mail you a *Provider and Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Customer Service at 715.631.7411 or 1.855.931.4850 (this call is free) 8 am – 8 pm, seven days a week (TTY users call 715.631.7413 or 1.855.931.4852 (this call is free) for help.

Section 1.5 – Changes to Benefits & Costs for Medical Services

	2025 (this year)	2026 (next year)
Chiropractic services	In-network: You pay a \$20 copay for each Medicare-covered visit.	In-network: You pay a \$15 copay for each Medicare-covered visit.
Diabetes self-management training, diabetic services, and supplies	In-network: You pay a 0% coinsurance for each Medicare-covered diabetes monitoring supplies (including continuous glucose monitor).	In-network: You pay a 20% coinsurance for each Medicare-covered diabetes monitoring supplies (including continuous glucose monitor).

	2025 (this year)	2026 (next year)
Diabetes self-management training, diabetic services, and supplies	In-network: You pay a 0% coinsurance for each Medicare-covered pair of therapeutic shoes or inserts.	In-network: You pay a 20% coinsurance for each Medicare-covered pair of therapeutic shoes or inserts.
Emergency care	You pay a \$100 copay for each emergency room visit. You pay a \$100 copay for each worldwide emergency care visit.	You pay a \$130 copay for each emergency room visit. You pay a \$130 copay for each worldwide emergency care visit.
Outpatient diagnostic tests and therapeutic services and supplies	In-network: You pay a 20% coinsurance for each Medicare-covered x-ray service. Your maximum enrollee out-of-pocket cost share for x-ray services is \$200 per day.	In-network: You pay a \$30 copayment for each Medicare-covered x-ray service. You do not have a maximum enrollee out-of-pocket cost share for x-ray services.
Over-the-counter (OTC) allowance	You have a \$75 allowance every month combined in and out-of-network.	You have a \$80 allowance every three months combined in and out-of-network.
Physician/Practitioner services, including doctor's office visits	In-network and Out-of-network: You pay a \$40 copay for services obtained from a specialist.	In-network and Out-of-network: You pay a \$45 copay for services obtained from a specialist.

	2025 (this year)	2026 (next year)
Skilled nursing facility (SNF) care	In-network: You pay a \$0 copay for days 1-20; \$214 copay per day for days 21-53; \$0 copayment for days 54-100, per benefit period.	In-network: You pay a \$0 copay for days 1-20; \$218 copay per day for days 21-53; \$0 copayment for days 54-100, per benefit period.
Urgently needed services	You pay a \$25 copay for each urgent care visit. You pay a \$100 copay for each worldwide urgent care visit.	You pay a \$50 copay for each urgent care visit. You pay a \$130 copay for each worldwide urgent care visit.

Section 1.6 – Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically.

We made changes to our Drug List which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you're taking, we'll send you a notice about the change.

If you're affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Customer Service at 715.631.7411 or 1.855.931.4850 (this call is free) 8 am – 8 pm, seven days a week or for TTY 715.631.7413 or 1.855.931.4852 (this call is free) 8 am – 8 pm, seven days a week for more information.

Section 1.7 – Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and don't get this material by September 30, call Customer Service at 715.631.7411 or 1.855.931.4850 (this call is free) 8 am – 8 pm, seven days a week (TTY users call 715.631.7413 or 1.855.931.4852 (this call is free) 8 am – 8 pm, seven days a week and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage. The Coverage Gap Stage and the Coverage Gap Discount Program no longer exist in the Part D benefit.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you have reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,100.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

The Coverage Gap Discount Program has been replaced by the Manufacturer Discount Program. Under the Manufacturer Discount Program, drug manufacturers pay a portion of our plan's full cost for covered Part D brand name drugs and biologics during the Initial Coverage Stage and the Catastrophic Coverage Stage. Discounts paid by manufacturers under the Manufacturer Discount Program don't count toward out-of-pocket costs.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2025 (this year)	2026 (next year)
Yearly Deductible	The deductible is \$245 During this stage, you pay \$0 for drugs in Tier 1, \$12 for drugs in Tier 2, and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.	The deductible is \$350 During this stage, you pay \$0 for drugs in Tier 1, \$10 for drugs in Tier 2, and the full cost of drugs on Tiers 3-5 until you have reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

For drugs on Tier 3, your cost sharing in the initial coverage stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

For drugs on Tier 4, your cost sharing in the initial coverage stage is changing from a copayment to coinsurance. Go to the following table for the changes from 2025 to 2026.

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your Evidence of Coverage.

Once you’ve paid \$2,100 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

	2025 (this year)	2026 (next year)
Tier 1 Preferred generic drugs:	\$0	\$0
Tier 2 Generic drugs:	\$12 Your cost for a one-month mail-order prescription is \$12.	\$10 Your cost for a one-month mail-order prescription is \$10.
Tier 3 Preferred brand-name drugs:	\$47 You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$47.	20% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 20% of the total cost.
Tier 4 Non-preferred drugs:	\$100 You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is \$100.	40% of the total cost. You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail-order prescription is 40% of the total cost.
Tier 5 Specialty drugs	30% of the total cost. Your cost for a one-month mail-order prescription is 30% of the total cost.	29% of the total cost. Your cost for a one-month mail-order prescription is 29% of the total cost.

Changes to the Catastrophic Coverage Stage

For specific information about your costs in the Catastrophic Coverage Stage, go to Chapter 6, Section 6 in your *Evidence of Coverage*.

SECTION 2 Administrative Changes

	2025 (this year)	2026 (next year)
Medicare Prescription Payment Plan	The Medicare Prescription Payment Plan is a payment option that began this year and can help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January-December). You may be participating in this payment option.	If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2026. To learn more about this payment option, call us at 715.631.7411 or 1.855.931.4850 (this call is free) 8 am – 8 pm, seven days a week (TTY users call 715.631.7413 or 1.855.931.4852 (this call is free)).

SECTION 3 How to Change Plans

To stay in Aspirus Health Plan Essential Rx, you don't need to do anything. Unless you sign up for a different plan or change to Original Medicare by December 7, 2025, you'll automatically be enrolled in our Aspirus Health Plan Essential Rx.

If you want to change plans for 2026, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You'll be automatically disenrolled from Aspirus Health Plan Essential Rx.
- **To change to Original Medicare with Medicare drug coverage,** enroll in the new Medicare drug plan. You'll be automatically disenrolled from Aspirus Health Plan Essential Rx.

- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll or visit our website to disenroll online at <http://medicare.aspirushealthplan.com>. Call Customer Service at 715.631.7411 or 1.855.931.4850 (this call is free) 8 am – 8 pm, seven days a week (TTY users call 715.631.7413 or 1.855.931.4852 (this call is free) for more information on how to do this. Or call **Medicare** at 1.800.MEDICARE (1.800.633.4227) and ask to be disenrolled. TTY users can call 1.877.486.2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit www.Medicare.gov, check the *Medicare & You 2026* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1.800.MEDICARE (1.800.633.4227). 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.

Section 3.1 – Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2026, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2026.

Section 3.2 – Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

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 (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **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 drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1.800.MEDICARE (1.800.633.4227). TTY users can call 1.877.486.2048, 24 hours a day, 7 days a week.
 - Social Security at 1.800.772.1213 between 8 am and 7 pm, Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1.800.325.0778.
 - Your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program (SPAP).** 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. To get the phone number for your state, visit shiphelp.org or 1.800.MEDICARE.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Wisconsin HDAP. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call 1.800.991.5532 (this call is free). TTY users call 711 or the Wisconsin Relay Service at 1.800.947.3529 (this call is free). Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**
- Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. All members are eligible to participate in the Medicare Prescription Payment Plan payment option. To learn more about this payment option, call us at 715.631.7411 or 1.855.931.4850 (this call is free), 8 am – 8 pm, seven days a week (TTY users call 715.631.7413 or 1.855.931.4852 (this call is free)), or visit Medicare.gov.

SECTION 5 Questions?

Get Help from Aspirus Health Plan Essential Rx

- Call Customer Service at 715.631.7411 or 1.855.931.4850 (this call is free). (TTY users call 715.631.7413 or 1.855.931.4852 (this call is free).)

We're available for phone calls 8 am – 8 pm, seven days a week.

- Read your 2026 *Evidence of Coverage*.

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2026. For details, go to the 2026 *Evidence of Coverage* for Aspirus Health Plan Essential Rx. The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at medicare.aspirushealthplan.com/member-resources or call Customer Service at 715.631.7411 or 1.855.931.4850 (this call is free), 8 am – 8 pm, seven days a week (TTY users call 715.631.7413 or 1.855.931.4852 (this call is free)) to ask us to mail you a copy.

- Visit medicare.aspirushealthplan.com

Our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*) and our *List of Covered Drugs (formulary/Drug List)*.

Get 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 State of Wisconsin - Board on Aging & Long Term Care (BOALTC).

Call the State of Wisconsin - Board on Aging & Long Term Care (BOALTC) to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call the State of Wisconsin - Board on Aging & Long Term Care (BOALTC) 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

Getting Help 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 can call 1.877.486.2048.

- **Chat live with www.Medicare.gov**

You can chat live at www.Medicare.gov/talk-to-someone.

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit www.Medicare.gov**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You* 2026**

The *Medicare & You* 2026 handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at www.Medicare.gov or by calling 1.800.MEDICARE (1.800.633.4227). TTY users can call 1.877.486.2048.



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