

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

## Annual Notice of Change for 2026

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

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 Elite.
- To change to a **different plan**, visit [www.Medicare.gov](http://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](http://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 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 material says “we,” “us,” or “our,” it means Aspirus Health Plan, Inc. When it says “plan” or “our plan,” it means Aspirus Health Plan Elite.
- **If you do nothing by December 7, 2025 you'll automatically be enrolled in Aspirus Health Plan Elite.** Starting January 1, 2026, you'll get your medical coverage through Aspirus Health Plan Elite. Go to Section 3 for more information about how to change plans and deadlines for making a change.
- This plan doesn't include Medicare Part D drug coverage, and you can't be enrolled in a separate Medicare Part D drug plan and this plan at the same time. Note: If you don't have Medicare drug



coverage, or creditable drug coverage (as good as Medicare's) for 63 days or more, you may have to pay a late enrollment penalty if you enroll in Medicare drug coverage in the future.

H6874\_50004\_082025\_M

## 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).

ልብ ይበሉ:- የአማርኛ ቋንቋ የሚናገሩ ከሆነ፣ ነፃ የቋንቋ ድጋፍ አገልግሎት ለእርስዎ ቀርቦልዎታል። ተደራሽ በሆኑ ቅርፀቶች መረጃዎችን ለማቅረብ ተገቢ የሆኑ አጋዥ ድጋፍ ሰጪ መሳሪያዎች እና አገልግሎቶችም እንዲሁ በነፃ ቀርቦዋል። በ 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852) ይደውሉ.

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر أيضًا المساعدات والخدمات المساعدة الإضافية لتوفير المعلومات بتنسيقات يسهل الوصول إليها مجانًا. يمكنك الاتصال على الرقم 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

សូមជ្រាបជាដំណឹង៖ ប្រសិនបើអ្នកនិយាយភាសា ខ្មែរ សេវាកម្មជំនួយភាសាគតគិតថ្លៃអាចត្រូវបានផ្តល់ជូនសម្រាប់អ្នក។ ជំនួយ និងសេវាជំនួយសមស្របដើម្បីផ្តល់ព័ត៌មានក្នុងទម្រង់ដែលអាចចូលប្រើបានក៏ត្រូវបានផ្តល់ជូនដោយគតគិតថ្លៃផងដែរ។ ទូរសព្ទទៅលេខ 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852) ។

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，我们可为您免费提供语言协助服务。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)。

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et des services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 715.631.7411/1.855.931.4850 (ATS : 715.631.7413/1.855.931.4852).

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.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपके लिए ननः शुल्क भाषा सहायता सेवाएं उपलब्ध हैं। सुलभ फॉर्मेट में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएं भी ननः शुल्क उपलब्ध हैं। 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852) पर कॉल करें।

TSWM SEEB: Yog tias koj hais tau lus Hmoob, ces yuav muaj kev pab cuam txhais lus pub dawb rau koj siv. Kuj tseem muaj cov kev pab txhawb ntxiv thiab cov kev pab cuam uas tsim nyog los mus muab cov ntaub ntawv qhia paub nyob rau cov qauv uas nkag siv tau dawb thiab. Hu rau 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

ໝາຍເຫດ: ການບໍລິການທາງດ້ານພາສາແມ່ນເຮືອນໃຫ້ບໍລິການແກ່ທ່ານ. ນອກນັ້ນ, ຍັງມີການບໍລິການຊ່ວຍເຫຼືອ ແລະ ການບໍລິການເສີມທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ທ່ານເຂົ້າເຖິງໄດ້ພຣີອີກນຳ. ໂທ 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

HUBACHIISA: Afaan Oromo kan dubbattan yoo ta'e, tajaajila gargaarsa afaanii bilisaan ni argattu. Odeeffannoo bifa dhaqqabamaa ta'een dhiheessuf, gargaarsii fi tajaajiloonni dabalataa mijatoo ta'anis bilisaan ni kennamu. Bilbilaa 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

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).

PAUNAWA: Kung nagsasalita ka ng Tagalog, may magagamit kang mga libreng serbisyo ng tulong sa wika. Mayroon ding mga naaangkop na karagdagang pantulong at serbisyo para makapagbigay ng impormasyon sa mga accessible na format na magagamit nang libre. Tumawag sa 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

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

## Table of Contents

|                                                                         |           |
|-------------------------------------------------------------------------|-----------|
| <b>Summary of Important Costs for 2026 .....</b>                        | <b>6</b>  |
| <b>Section 1 Changes to Benefits &amp; Costs for Next Year .....</b>    | <b>7</b>  |
| Section 1.1 – Changes to the Monthly Plan Premium .....                 | 7         |
| Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount .....        | 7         |
| Section 1.3 – Changes to the Provider Network .....                     | 8         |
| Section 1.4 – Changes to Benefits & Costs for Medical Services .....    | 9         |
| <b>Section 2 Administrative Changes .....</b>                           | <b>10</b> |
| <b>Section 3 How to Change Plans.....</b>                               | <b>10</b> |
| Section 3.1 – Deadlines for Changing Plans .....                        | 11        |
| Section 3.2 – Are there other times of the year to make a change? ..... | 11        |
| <b>Section 4 Get Help Paying for Prescription Drugs.....</b>            | <b>12</b> |
| <b>Section 5 Questions? .....</b>                                       | <b>13</b> |
| Get Help from Aspirus Health Plan Elite.....                            | 13        |
| Get Free Counseling about Medicare .....                                | 13        |
| Getting Help from Medicare.....                                         | 14        |

## Summary of Important Costs for 2026

|                                                                                                                                                                                                                                                                                                                                          | 2025 (this year)                                                                                                                                | 2026 (next year)                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Monthly plan premium*</b><br><br>* Your premium can be higher than this amount. Go to Section 1.1 for details.                                                                                                                                                                                                                        | \$0                                                                                                                                             | \$0                                                                                                                                             |
| <b>Maximum out-of-pocket amount</b><br><br>This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services.<br><br>(Go to Section 1.2 for details.)                                                                                                                                                              | <b>From in-network providers:</b><br>\$3,200<br><br><b>From in-network and out-of-network providers combined:</b><br>\$3,200                    | <b>From in-network providers:</b><br>\$3,200<br><br><b>From in-network and out-of-network providers combined:</b><br>\$3,200                    |
| <b>Primary care office visits</b>                                                                                                                                                                                                                                                                                                        | <b>In-network:</b><br>\$0 copayment per visit<br><br><b>Out-of-network:</b><br>\$0 copayment per visit                                          | <b>In-network:</b><br>\$0 copayment per visit<br><br><b>Out-of-network:</b><br>\$0 copayment per visit                                          |
| <b>Specialist office visits</b>                                                                                                                                                                                                                                                                                                          | <b>In-network:</b><br>\$40 copayment per visit<br><br><b>Out-of-network:</b><br>\$40 copayment per visit                                        | <b>In-network:</b><br>\$45 copayment per visit<br><br><b>Out-of-network:</b><br>\$45 copayment per visit                                        |
| <b>Inpatient hospital stays</b><br><br>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. | <b>In-network:</b><br>\$300 copayment for each Medicare-covered hospital stay until discharge.<br><br><b>Out-of-network:</b><br>30% coinsurance | <b>In-network:</b><br>\$300 copayment for each Medicare-covered hospital stay until discharge.<br><br><b>Out-of-network:</b><br>30% coinsurance |

**SECTION 1    Changes to Benefits & Costs for Next Year**

---

**Section 1.1 – Changes to the Monthly Plan Premium**

---

|                                                                                                                                                                                                                                                                                 | 2025<br>(this year) | 2026<br>(next year) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|
| <b>Monthly plan premium</b><br><br>(You must also continue to pay your Medicare Part B premium.)                                                                                                                                                                                | \$0                 | \$0                 |
| <b>Part B Premium Reduction</b><br><br>This amount will be deducted from your Part B premium. This means you'll pay less for Part B.                                                                                                                                            | \$25                | \$25                |
| <b>Additional premium for optional supplemental benefits</b><br><br>If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above.<br><br>(You must also continue to pay your Medicare Part B premium.) | \$29                | \$29                |

**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<br>(this year)                                                                                                                                                                                                                      | 2026<br>(next year)                                                                                                                                                                                                                      |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>In-network maximum out-of-pocket amount</b><br><br>Your costs for covered medical services (such as copayments) from network providers <b>count</b> toward your in-network maximum out-of-pocket amount.                   | \$3,200<br><br>Once you've paid \$3,200 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.                   | \$3,200<br><br>Once you've paid \$3,200 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.                                          |
| <b>Combined maximum out-of-pocket amount</b><br><br>Your costs for covered medical services (such as copayments) from in-network and out-of-network providers <b>count</b> toward your combined maximum out-of-pocket amount. | \$3,200<br><br>Once you've paid \$3,200 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. | \$3,200<br><br>Once you've paid \$3,200 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](https://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 Benefits & Costs for Medical Services**

|                                                                           | 2025<br>(this year)                                                                                                                        | 2026<br>(next year)                                                                                                                         |
|---------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Chiropractic services</b>                                              | <b>In-network:</b> You pay a \$10 copay for each Medicare-covered visit.                                                                   | <b>In-network:</b> You pay a \$20 copay for each Medicare-covered visit.                                                                    |
| <b>Diabetes self-management training, diabetic services, and supplies</b> | <b>In-network:</b> You pay a 0% coinsurance for each Medicare-covered diabetes monitoring supplies (including continuous glucose monitor). | <b>In-network:</b> You pay a 20% coinsurance for each Medicare-covered diabetes monitoring supplies (including continuous glucose monitor). |
| <b>Diabetes self-management training, diabetic services, and supplies</b> | <b>In-network:</b> You pay a 0% coinsurance for each Medicare-covered pair of therapeutic shoes or inserts.                                | <b>In-network:</b> You pay a 20% coinsurance for each Medicare-covered pair of therapeutic shoes or inserts.                                |
| <b>Emergency care</b>                                                     | You pay a \$100 copay for each emergency room visit.<br><br>You pay a \$100 copay for each worldwide emergency care visit.                 | You pay a \$130 copay for each emergency room visit.<br><br>You pay a \$130 copay for each worldwide emergency care visit.                  |

|                                                                          | 2025<br>(this year)                                                                                                                                                                         | 2026<br>(next year)                                                                                                                                                                           |
|--------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Outpatient diagnostic tests and therapeutic services and supplies</b> | <p><b>In-network:</b><br/>You pay a 20% coinsurance for each Medicare-covered x-ray service.</p> <p>Your maximum enrollee out-of-pocket cost share for x-ray services is \$125 per day.</p> | <p><b>In-network:</b><br/>You pay a \$30 copayment for each Medicare-covered x-ray service.</p> <p>You <b>do not</b> have a maximum enrollee out-of-pocket cost share for x-ray services.</p> |
| <b>Physician/Practitioner services, including doctor's office visits</b> | <p><b>In-network and Out-of-network:</b> You pay a \$40 copay for services obtained from a specialist.</p>                                                                                  | <p><b>In-network and Out-of-network:</b> You pay a \$45 copay for services obtained from a specialist.</p>                                                                                    |
| <b>Skilled nursing facility (SNF) care</b>                               | <p><b>In-network:</b><br/>You pay a \$0 copay for days 1-20; \$214 copay per day for days 21-43; \$0 copayment for days 44-100, per benefit period.</p>                                     | <p><b>In-network:</b><br/>You pay a \$0 copay for days 1-20; \$218 copay per day for days 21-43; \$0 copayment for days 44-100, per benefit period.</p>                                       |
| <b>Urgently needed services</b>                                          | <p>You pay a \$25 copay for each urgent care visit.</p> <p>You pay a \$100 copay for each worldwide urgent care visit.</p>                                                                  | <p>You pay a \$50 copay for each urgent care visit.</p> <p>You pay a \$130 copay for each worldwide urgent care visit.</p>                                                                    |

## SECTION 2 Administrative Changes

There are no administrative changes for 2026 for Aspirus Health Plan Elite.

## SECTION 3 How to Change Plans

**To stay in Aspirus Health Plan Elite, 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 Elite.

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 Elite.
- **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 Elite.
- **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.
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [www.Medicare.gov](http://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](http://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.

## SECTION 5 Questions?

---

### Get Help from Aspirus Health Plan Elite

- **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 Elite. 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](https://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](https://medicare.aspirushealthplan.com)**

Our website has the most up-to-date information about our provider network (*Provider and Pharmacy Directory*).

### 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](https://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](https://www.Medicare.gov)**

You can chat live at [www.Medicare.gov/talk-to-someone](https://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](https://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](https://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)**  
**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)**