



# 2025 Summary of Benefits

Medicare Advantage Plans Comparison Guide



# Enrollment

## Forms by mail

We must receive your enrollment application by (not postmarked by) the end of the month prior to when you want coverage to start (except during the Annual Election Period — must be received by 12/7 for a 1/1 effective date).

## Once we receive your enrollment application, you:

- May receive a call from us if any required information is missing from the enrollment form
- Will receive a letter within 15 days to verify your enrollment
- May receive a letter from us if you did not have a Medicare Part D plan from the date you were first eligible
- May receive a letter from us if you are leaving an employer group plan to join our plan
- Will get a new member packet
- Will get an Aspirus Health Plan member identification card that you can begin using on your effective date

Should you require medical services or prescription drugs before you receive your ID card, please call Customer Service at 1.855.931.4850 (TTY users call 1.855.931.4852).

## How to pay your premiums

You can choose to pay your monthly premium:

- By phone at 1.855.931.4850, option 2
- By check
- Automatic payment/Electronic Funds Transfer (EFT)
- Social Security or Railroad Retirement Board withdrawal
- Aspirus online member account

Please do not send payment with your enrollment form.

# How to enroll



online

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

Fast, easy and secure

Save enrollment to finish at a later time



by mail

Fill out the enrollment form and mail in the postage-paid envelope.



phone

Call 1.855.931.4859 to enroll with a licensed Medicare Sales Specialist  
8 am– 8 pm, seven days a week (Oct. 1 –March 31),  
8 am– 8 pm, Monday – Friday (April 1 –Sept. 30).

Call a trusted representative near you.

# Coverage in Wisconsin and beyond

## Aspirus Health Plan Medicare Advantage Plans (PPO\*)

- Essential Rx
- Elite

## Care from a network you trust

When you choose Aspirus Health Plan, you're teaming up with your local health system. We work together with Aspirus Health to help you get quality care and excellent service, and we have strong ties to your community. So chances are, you're already familiar with the doctors and clinics in our network.

- Local health system committed to serving central Wisconsin
- Easy access to Aspirus Health doctors, clinics and hospitals with no referrals required

Find a provider at [search.aspirushealthplan.com](https://www.search.aspirushealthplan.com).

See any provider that accepts Medicare.

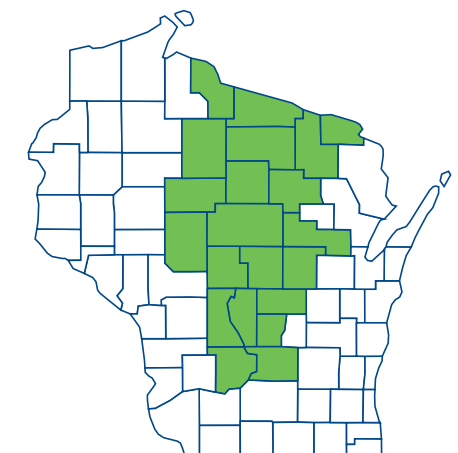
Pay less when you get care from network providers.

1,100+  
clinics

20+  
hospitals

## Our Medicare Advantage plans are available in 21 Wisconsin counties

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



You qualify for Medicare if you are 65 or older or meet special criteria, worked for at least 10 years and paid Medicare taxes (or your spouse did), and are a citizen and a permanent resident of the United States. To join Aspirus Health Plan Medicare Advantage Plans, you must be entitled to Medicare Part A, be enrolled in Medicare Part B and live in our service area, shown on the map above.

This booklet gives you a summary of what each plan covers. It doesn't list every service we cover or every limitation or exclusion that may apply. Some services require prior authorization. To get a complete list of covered services, call and ask us for the Evidence of Coverage. This information is not a complete description of benefits. Call 1.855.931.4859 or 1.855.931.4852 (TTY) for more information.

\*PPO: Preferred Provider Organization

# Plan benefit details

As an Aspirus Health Plan member, you are free to see an in-network or an out-of-network provider. If you see an out-of-network provider your costs may be higher. In general, out-of-network cost-sharing in the U.S. is 30%. However, for some services the copay is the same whether you see an in-network or an out-of-network provider (e.g., primary and specialist doctor visits).

Note: If you see an out-of-network provider, be sure they participate in Medicare. Aspirus Health Plan cannot cover care costs from out-of-network providers who don't contract with Medicare. The only exception to this rule is for emergency care.

	Essential Rx		Elite	
	In-network	Out-of-network	In-network	Out-of-network
2025 monthly premium (You must continue to pay your Medicare Part B premium)	\$0		\$0	
Medicare Part B premium giveback (per month)	Not applicable		\$25	
Medical deductible	\$0		\$0	
Medicare Part D deductible	Tiers 1 & 2 = \$0 Tiers 3–5 = \$245		Not covered	
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. <b>This is not your deductible.</b>	\$4,500		\$3,200	
<b>Hospital Care</b>				
Inpatient hospital care (per admission)	\$400 copay per stay; then 100% covered	30% coinsurance	\$300 copay per stay; then 100% covered	30% coinsurance
Outpatient hospital care (per admission)	\$295 copay	30% coinsurance	\$195 copay	30% coinsurance
Ambulatory surgery center	\$295 copay	30% coinsurance	\$195 copay	30% coinsurance

	Essential Rx		Elite	
	In-network	Out-of-network	In-network	Out-of-network
<b>Doctor Visits — In-person or telehealth for Medicare-approved services</b>				
Primary	\$0 copay		\$0 copay	
Specialist	\$40 copay		\$40 copay	
E-visits through Virtuwell™	\$0 copay		\$0 copay	
<b>Preventive Care</b>				
Routine physical exam	\$0 copay	30% coinsurance	\$0 copay	30% coinsurance
“Welcome to Medicare” preventive visit (if in the first 12 months on Part B)	\$0 copay		\$0 copay	
Annual Wellness Exam (if you’ve had Part B for more than 12 months)	\$0 copay		\$0 copay	
Flu and pneumonia vaccines	\$0 copay		\$0 copay	
Mammogram screening, prostate cancer screening exam, bone mass measurement, diabetes screening, preventive colorectal cancer screening	\$0 copay		\$0 copay	
<b>Emergency/Urgent Care — Network does not apply</b>				
Emergency care	\$100 copay		\$100 copay	
Urgently needed services	\$25 copay		\$25 copay	

	Essential Rx		Elite	
	In-network	Out-of-network	In-network	Out-of-network
<b>Diagnostic Tests, Radiation Therapy, X-rays and Lab Services</b>				
Diagnostic tests	20% coinsurance, up to a max of \$125/day	30% coinsurance	\$0 copay	30% coinsurance
Diagnostic radiology	\$200 copay, up to a max of \$200/day	30% coinsurance	20% coinsurance, up to a max of \$125/day	30% coinsurance
Therapeutic radiology	20% coinsurance, up to a max of \$200/day	30% coinsurance	20% coinsurance, up to a max of \$125/day	30% coinsurance
Outpatient x-rays	20% coinsurance, up to a max of \$200/day	30% coinsurance	20% coinsurance, up to a max of \$125/day	30% coinsurance
Diagnostic mammograms	\$0 copay	30% coinsurance	\$0 copay	30% coinsurance
Lab services (e.g., Protime INR, cholesterol)	\$0 copay		\$0 copay	
<b>Hearing Services</b>				
Diagnostic hearing exam	\$45 copay	30% coinsurance	\$40 copay	30% coinsurance
Annual routine hearing exam, hearing aid fitting and evaluation through TruHearing®	\$0 copay	30% coinsurance	\$0 copay	30% coinsurance
TruHearing aids in both Advanced and Premium models (two different copay amounts, two aids per year)	\$699 copay Advanced aid \$999 copay Premium aid		\$599 copay Advanced aid \$899 copay Premium aid	
<b>Dental Coverage</b>				
Summary	Includes routine dental coverage		Includes routine dental coverage	
Optional coverage premium	+ \$29 per month		+ \$29 per month	

\$0 copay applies to preventive dental services. Preventive services and periodontal maintenance cleanings are not subject to the deductible.

	Essential Rx		Elite	
	In-network	Out-of-network	In-network	Out-of-network
<b>Dental Coverage, continued</b>				
Deductible	\$0 with health plan; \$75 per year with optional dental coverage	Members are responsible for paying the difference between the dentist's fees and the Aspirus dental fee schedule for dental services performed by a dentist outside the DentaQuest network (must be within the U.S. and its territories).	\$0 with health plan; \$75 per year with optional dental coverage	Members are responsible for paying the difference between the dentist's fees and the Aspirus dental fee schedule for dental services performed by a dentist outside the DentaQuest network (must be within the U.S. and its territories).
Annual dental plan maximum	\$2,000		\$2,000	
Oral examinations	One per year <sup>1</sup> (two total with purchase of optional coverage)		One per year <sup>1</sup> (two total with purchase of optional coverage)	
X-rays	Annual bitewing <sup>1</sup> (full mouth every 5 years with purchase of optional coverage)		Annual bitewing <sup>1</sup> (full mouth every 5 years with purchase of optional coverage)	
Fluoride treatment	Covered <sup>1</sup>		Covered <sup>1</sup>	
Periodontal maintenance cleanings	One per year <sup>1</sup> (unlimited with purchase of optional coverage)		One per year <sup>1</sup> (unlimited with purchase of optional coverage)	
Basic restorative services (e.g., fillings, root canals, periodontal services)	30% coinsurance with purchase of optional coverage		30% coinsurance with purchase of optional coverage	
Major restorative procedures (e.g., crowns, bridges, implants, dentures)	60% coinsurance with purchase of optional coverage		60% coinsurance with purchase of optional coverage	

<sup>1</sup>These services are included without purchase of optional coverage and no deductible applies. These services do not apply to annual plan maximum.

Your cost-sharing is less when you see providers in the DentaQuest network. The percentages listed above are the percentages that you pay.

For dental limitations and exclusions, see page 13.

Members must be enrolled in our Medicare plan for 24 consecutive months before plan coverage applies to bridges, dentures, prosthetics and implants. There is no waiting period for other services such as fillings and crowns.

	Essential Rx		Elite	
	In-network	Out-of-network	In-network	Out-of-network
<b>Vision Services</b>				
Diagnostic eye exam	\$45 copay	30% coinsurance	\$40 copay	30% coinsurance
Annual routine eye exam and up to two refractions per year	\$0 copay	30% coinsurance	\$0 copay	30% coinsurance
Diabetic retinopathy exam	\$0 copay	30% coinsurance	\$0 copay	30% coinsurance
Prescription eyeglasses or contact lenses after cataract surgery	\$0 copay	30% coinsurance	\$0 copay	30% coinsurance
Annual allowance for prescription eyeglasses or contacts	\$250		\$175	
<b>Mental Health Services</b>				
Inpatient hospital stay (90-day limit per stay, per admission) Limited to 190 days in a lifetime in a psychiatric hospital	\$400 copay per stay; then 100% covered	30% coinsurance	\$300 copay per stay; then 100% covered	30% coinsurance
Outpatient mental health care	\$0 copay		\$0 copay	
<b>Skilled Nursing Facility Care (or swing bed)<sup>2</sup></b>				
Care in a skilled nursing facility with <b>no prior 3-day hospital stay required</b>	\$0 copay per day for days 1–20; \$214 copay per day for days 21–53; \$0 copay per day for days 54–100; per benefit period	30% coinsurance	\$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	30% coinsurance

<sup>2</sup>Service requires prior authorization.

	Essential Rx		Elite	
	In-network	Out-of-network	In-network	Out-of-network
<b>Other Services</b>				
Physical therapy	\$40 copay		\$40 copay	
Ambulance (within the U.S. and its territories) Includes air and/or ground	\$300 copay		\$200 copay	
Transportation (non-emergency)	Not covered		Not covered	
Medicare Part B drugs <sup>3</sup> Generally, drugs that must be administered by a health professional	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance
Chiropractic services through ChiroCare network <sup>4</sup> Manual manipulation of the spine to correct subluxation	\$20 copay	30% coinsurance	\$10 copay	30% coinsurance
Acupuncture All plans cover acupuncture for chronic low back pain, based on Medicare criteria	Doctor visit copays apply (see page 3)		Doctor visit copays apply (see page 3)	
Podiatry services • Treatment of injuries and diseases of the feet • Routine foot care for members with certain medical conditions affecting the lower limbs	\$45 copay		\$40 copay	
Over-the-counter (OTC) allowance	\$75 allowance each month		\$75 allowance twice a year	
Durable medical equipment <sup>4</sup> (e.g., oxygen equipment, CPAP)	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance

<sup>3</sup>Service requires prior authorization. Certain drugs may have a lower coinsurance. You will not pay more than \$35 for a one-month supply of Part B insulin.

<sup>4</sup>Service requires prior authorization.

	Essential Rx		Elite	
	In-network	Out-of-network	In-network	Out-of-network
<b>Other Services, continued</b>				
One Pass fitness program	\$0 basic gym membership, online classes, brain training and more		\$0 basic gym membership, online classes, brain training and more	
Prosthetic devices (e.g., braces, colostomy bags and supplies)	20% coinsurance	30% coinsurance	20% coinsurance	30% coinsurance
Diabetic supplies • Continuous blood glucose monitors • Other glucose monitors • Test strips, lancets, inserts and shoes (Insulin and syringes covered under Medicare Part D)	0% coinsurance \$0 copay	30% coinsurance	0% coinsurance \$0 copay	30% coinsurance
<b>Worldwide Emergency Care (outside the U.S. and its territories)</b>				
Emergency care including post-stabilization	\$100 copay		\$100 copay	
Ground ambulance to the nearest hospital for emergency care	\$100 copay		\$100 copay	

Note: Only emergency coverage is worldwide. You may want to consider purchasing a separate travel policy while traveling outside the U.S. for services such as air ambulance.

	Essential Rx	Elite
<b>Medicare Part D Coverage</b>		
<b>Deductible:</b> You pay the full cost of your drugs until you reach this amount	Tiers 1 & 2 = \$0 Tiers 3–5 = \$245	Medicare Part D drugs are not covered in Elite.  Note: You CANNOT be a member of the Elite plan and a standalone Part D plan at the same time. If you want both medical and prescription drug coverage, choose Essential Rx.  This plan is designed for those who have drug coverage through Veterans Affairs or other programs, such as SeniorCare in Wisconsin.
<b>Initial Coverage Phase:</b> You stay in this phase until you reach the \$2,000 out-of-pocket maximum. After you meet the deductible, you pay the amounts listed below.		
<b>Tier 1</b> Preferred generic drugs	<b>Retail</b> — 30-day supply \$0 copay	
<b>Tier 2</b> Generic drugs	<b>Retail</b> — 30-day supply \$12 copay	
<b>Tier 3</b> Preferred brand drugs Insulin: \$35 copay, no deductible	<b>Retail</b> — 30-day supply \$47 copay	
<b>Tier 4</b> Non-preferred drugs Insulin: \$35 copay, no deductible	<b>Retail</b> — 30-day supply \$100 copay	
<b>Tier 5</b> Specialty drugs	<b>Retail</b> — 30-day supply 30% coinsurance	
<b>Catastrophic Coverage</b>		
Once you have reached \$2,000 in annual prescription drug spending (excluding Aspirus Health Plan's cost), you pay \$0	\$0 copay	

Cost-sharing may differ based on pharmacy type or status (mail-order, retail, long term care (LTC), home infusion), or whether the prescription is 30-, 60- or extended supply up to 100 days as prescribed by your provider.

**Additional requirements or limits on covered drugs** — Some covered drugs may have additional requirements or limits to coverage. These may include: Prior Authorization (PA), Quantity Limits (QL) or Step Therapy (ST). Visit [medicare.aspirushealthplan.com](https://www.medicare.aspirushealthplan.com) to find out if your drug has any additional requirements or limits. You can ask us to make an exception to these restrictions or limits. Details on how to make these requests are in the formulary and in the Aspirus Health Plan Medicare Advantage Plans Evidence of Coverage.

### Find a pharmacy

To find a pharmacy visit [search.aspirushealthplan.com](https://search.aspirushealthplan.com) and select "Search Network". If you prefer, call for help or request a Provider and Pharmacy Directory at 1.855.931.4859.

### Part D vaccines

Our plans that include Part D cover most Part D vaccines at no cost to you, even if you haven't paid your deductible.

### Extra Help for Medicare Part D

You may be able to get Extra Help to help pay for your prescription drug premium and costs.

To see if you qualify, call:

- 1.800.MEDICARE (TTY users call 1.877.486.2048), 24/7
- Social Security Administration at 1.800.772.1213 (TTY users call 1.800.325.0778), 7 am – 7 pm, Monday – Friday
- Your State Medicaid Office or County Human Services Office
- SeniorCare in Wisconsin at 1.800.657.2038

Some people will pay a higher premium for Medicare Part D coverage because their yearly income is over certain amounts.

### Medicare Prescription Payment Plan

Members with Part D coverage can enroll in the Medicare Prescription Payment Plan at no additional cost. This program allows you to pay your out-of-pocket prescription drug costs monthly instead of paying at the pharmacy. If you sign up, you'll get a monthly bill from Aspirus for your medications.

## Choose a plan that's right for you



**Charlie**

Charlie is active, busy and in great health. He's about to turn 65. He wants to find good coverage in case of an emergency or serious illness. Essential Rx is an ideal choice for Charlie because he is willing to pay more in out-of-pocket costs in exchange for a \$0 premium.



**Terry**

Terry is a veteran who receives most of his care and all of his prescriptions through the VA. Elite gives Terry additional benefits, including dental and fitness, and gives back part of his Medicare Part B premium. Elite is also a good fit for those enrolled in the State Pharmaceutical Assistance Program (e.g., SeniorCare in WI).

	Essential Rx	Elite
<b>Premium</b> (You must continue to pay your Part B premium)	\$0	\$0
<b>Monthly Medicare Part B giveback</b>	None	\$25
<b>Medical and hospital</b>	✓	✓
<b>Fitness programs</b>	✓	✓
<b>Dental</b>	✓	✓
<b>Prescription eyewear and hearing aids</b>	✓	✓
<b>Over-the-counter allowance</b>	✓	✓
<b>Medicare Part D prescription drug coverage</b>	✓	None
<b>Coverage when traveling</b>	✓	✓
<b>Maximum out-of-pocket</b> (in- and out-of-network combined)	\$4,500	\$3,200

# Additional information

## Provider network coverage

While you are a member of our plan, you must use network providers to get your medical care and services covered at in-network cost-share levels. Exceptions to this include emergency care, urgent care, out-of-area dialysis services, lab services, Medicare-covered preventive screenings, and cases in which the plan authorizes use of out-of-network providers. You can obtain certain covered services from out-of-network providers at different cost-share levels.

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

## Case Management

Aspirus Health Plan Case Management is a short-term (3–6 month) telephonic program for members challenged by multiple chronic health conditions. We offer care management to members with select diagnoses who transition to home from a hospital or skilled nursing facility. The Case Management team consists of registered nurses whose primary focus is on assisting our members with medical case management needs such as health decision support and disease specific education. The case management team also works with internal and external resources to provide the member with needed support and help with attaining best health outcomes. They conduct care management by phone during business hours.

## Understanding utilization management

### Prior authorization

One way Aspirus Health Plan ensures excellent care is by collaborating with your healthcare professionals to evaluate specific services and procedures. Our goal is to ensure that you receive the best possible care for your individual needs. This Summary of Benefits provides information on the types of care or services that require notification or authorization. It's important to note that this list may change periodically. For instance, some examples of services that require prior approval include spine surgery and vein procedures.

We offer coverage for certain services listed in the benefits chart only when your doctor or provider obtains advance approval from us. These approved services include inpatient rehabilitation services, genetic and molecular diagnosis tests, lumbar spine surgery, bariatric surgery, vein procedures, spinal cord stimulators and cranial nerve stimulation, including the vagus nerve and hypoglossal nerve. Other services that require prior authorization and/or notification are marked with a <sup>2,3,4</sup> in the chart.

### Authorization and notification

One of the ways Aspirus Health Plan makes sure you get excellent care is by partnering with your doctors to review certain types of services and procedures. We want you to get the care that is best for your needs.

This Summary of Benefits notes which types of care or services require notification or authorization. This list may change from time to time. Some examples include spine surgery and vein procedures.

### Notification

Hospitals are required to notify Aspirus Health Plan if you are admitted to a hospital, Long-Term Acute Care (LTAC), Acute Inpatient Rehabilitation (AIR), skilled nursing facility or swing bed. Aspirus Health Plan's clinical team will collaborate with your healthcare professionals to ensure you receive the necessary care. If needed, Aspirus Health Plan may set up post-hospital care.

### Prior authorization/pre-service review

Before any services can be covered, your healthcare provider must obtain approval from Aspirus Health Plan. This applies to providers who are part of the Aspirus Health Plan network as well as those who are out-of-network. To determine coverage, Aspirus Health Plan's clinical team assesses whether the service is medically necessary, appropriate, and effective for your specific needs. Prior authorization, also known as pre-service review, requires your provider to submit information to Aspirus Health Plan and request approval before you receive the service. If pre-approval is necessary for the specific service, coverage will only be provided if approval has been granted.

### Urgent/concurrent review

During your stay in a Long-Term Acute Care (LTAC) Acute Inpatient Rehabilitation (AIR), skilled nursing facility or swing bed, urgent concurrent and concurrent reviews may occur. Aspirus Health Plan will assess whether your care needs to continue for a longer duration or if alternative care is necessary.

### Post-service review

Post-service review is necessary in case your doctor did not request a pre-service review. It is possible that your claim has already been denied because authorization is required for coverage. Once your doctor submits a review, Aspirus Health Plan will carefully evaluate your situation and care plan to ensure that you receive the coverage you are entitled to as a Aspirus Health Plan member.

### Appeal

If we deny a request made by you or your doctor for medical services or pharmaceuticals, you or your doctor have the option to appeal our decision. At the time of filing an appeal, you or your doctor may include additional documentation that is relevant to

your case. Appeal requests undergo a thorough review by physicians, who assess them considering current medical evidence and your benefit plan. If your appeal is turned down, you will receive guidance on how to proceed with a second-level appeal.

### Learn more

Go to [medicare.aspirushealthplan.com](https://www.medicare.aspirushealthplan.com) and select "Member Resources." Aspirus Health Plan members can also look up services in their Evidence of Coverage and Annual Notice of Changes documents. These documents note if notification and authorization are required. Every renewal year, members receive an Annual Notice of Changes that explains any changes to their plan benefits.

## Consider Medicare coverage limits

The following items and services are not covered under Original Medicare or by our plan:

- Services considered not reasonable and necessary, according to the standards of Original Medicare, unless these services are listed by our plan as covered services
- Experimental medical and surgical procedures, equipment and medications, unless covered by Original Medicare or under a Medicare-approved clinical research study or by our plan. Experimental procedures and items are those determined by our plan and Original Medicare to not be generally accepted by the medical community.
- Private room in a hospital, except when it is considered medically necessary or if it is the only option available
- Personal items in your room at a hospital or a skilled nursing facility, such as a telephone or a television
- Full-time nursing care in your home
- Custodial care — care provided in a nursing home, hospice or other facility setting when you do not require skilled medical care or skilled nursing care. Custodial care is personal care that does not require the continuing attention of trained medical or paramedical personnel, such as care that helps you with activities of daily living, such as bathing or dressing.
- Homemaker services such as basic household assistance, including light housekeeping or light meal preparation
- Fees charged for care by your immediate relatives or members of your household
- Cosmetic surgery or procedures, unless covered in case of an accidental injury or for improvement of the functioning of a malformed body part. However, all stages of reconstruction are covered for a breast after a mastectomy, as well as for the unaffected breast to produce a symmetrical appearance.
- Routine chiropractic care, other than manual manipulation of the spine to correct a subluxation

- Home-delivered meals (except some coverage for members with congestive heart failure)
- Routine foot care, except for the limited coverage provided according to Medicare guidelines (e.g., if you have diabetes)
- Orthopedic shoes, unless the shoes are part of a leg brace and are included in the cost of the brace, or the shoes are for a person with diabetic foot disease
- Supportive devices for the feet, except for orthopedic or therapeutic shoes for people with diabetic foot disease
- Radial keratotomy, LASIK surgery, vision therapy and other low-vision aids. Eyewear except for one pair of eyeglasses (or contact lenses) after cataract surgery and non Medicare-covered eyewear up to the allowed amount.
- Reversal of sterilization procedures, and/or nonprescription contraceptive supplies
- Acupuncture (except for Medicare covered chronic low back pain)
- Naturopath services (uses natural or alternative treatments)

Our plan will not cover the excluded services listed above. Even if you receive the services at an emergency facility, the excluded services are still not covered.

## Dental coverage limitations

Frequency limits and waiting periods do not apply to plans with a yearly dental allowance. Otherwise these limitations apply to all plans.

- Endodontics: Limited to one (1) per tooth per lifetime.
- Periodontics (other than periodontal maintenance cleanings): Coverage is limited to one (1) non-surgical periodontal treatment and one (1) surgical periodontal treatment per quadrant every 36 months.
- Bone grafting: Coverage is limited to once per site (upper/lower ridge) in conjunction with building the bony ridge needed for successful placement of an implant or removable prosthetics (partial/full dentures).
- Major restorative services: Benefit for the replacement of a crown or an onlay will be provided only after a 60 month period, measured from the last date the covered dental service was performed.
- Prosthetics — removable and fixed: A prosthetic appliance (denture or bridge) for the purpose of replacing an existing appliance will be covered only after 60 months.
- Implant services: Replacing a single missing tooth. Coverage for implants is limited to once per tooth per lifetime (also see Exclusion #18).



## Dental coverage exclusions

These exclusions are specific to dental coverage. Some of these exclusions may be covered under your medical benefit:

1. Dental services that are not necessary or specifically covered
2. Hospitalization or other facility charges
3. Prescription drugs
4. Any dental procedure performed solely as a cosmetic procedure
5. Charges for dental procedures completed prior to the member's effective date of coverage
6. Anesthesiologist services
7. Dental procedures, appliances or restorations that are necessary to alter, restore or maintain occlusion, including but not limited to: increasing vertical dimension, replacing or stabilizing tooth structure lost by attrition (wear), realignment of teeth, periodontal splinting and gnathologic recordings
8. Direct diagnostic surgical or non-surgical treatment procedures applied to jaw joints or muscles, except as provided under Oral Surgery in the Evidence of Coverage
9. Artificial material implanted or grafted into soft tissue, including surgical removal of implants, with exceptions
10. Oral hygiene instruction and periodontal exam
11. Services for teeth retained in relation to an overdenture. Overdenture appliances are limited to an allowance for a standard full denture
12. Any oral surgery that includes surgical endodontics (apicoectomy, retrograde filling) other than that listed under Oral Surgery in the Evidence of Coverage
13. Analgesia (nitrous oxide)
14. Removable unilateral dentures
15. Temporary procedures
16. Splinting
17. Consultations by the treating provider and office visits
18. Initial installation of implants, full or partial dentures or fixed bridgework to replace a tooth or teeth extracted prior to the member's effective date. Exception: This exclusion will not apply for any member who has been continuously covered under an Aspirus Health Plan Medicare Advantage Plan for more than 24 months.
19. Occlusal analysis, occlusal guards (night guards) and occlusal adjustments (limited and complete)
20. Veneers (bonding of coverings to the teeth)
21. Orthodontic treatment procedures
22. Corrections to congenital conditions, other than for congenital missing teeth

23. Athletic mouth guards
24. Retreatment or additional treatment necessary to correct or relieve the results of previous treatment, except as noted in the Evidence of Coverage
25. Space maintainers

## Notice of Privacy Practices

**This Notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

This notice applies to the privacy practices of Aspirus Health Ventures, Inc. and its subsidiaries, Aspirus Health Plan, Inc. and Aspirus Health Plan of Michigan, Inc. (collectively, "AHP"). AHP is required by law to maintain the privacy of your Protected Health Information ("PHI"), and to give you this notice about our privacy practices, our legal duties, and your rights concerning your PHI.

This notice takes effect May 13, 2024, and we must follow its terms until we replace it. AHP reserves the right to amend this notice at any time and may make the revised notice provisions effective for PHI we already have about you, as well as for any such information we may later receive. We will promptly revise and distribute this notice whenever material changes are made to its terms. You may request a copy of this notice at any time.

## Uses and Disclosures of Protected Health Information

The following are examples of permitted uses and disclosures of your PHI by Aspirus Health Plan. This list of examples is not exhaustive.

**Treatment.** We may disclose your PHI to a health care provider in order to facilitate the medical care you receive from the provider.

**Payment.** We may use and disclose your PHI to pay for your covered benefits. For example, we may review PHI to pay for your claims from physicians, hospitals, and other providers for services delivered to you that are covered by your health plan, to determine your eligibility for benefits, to coordinate benefits, to examine medical necessity, and to obtain premiums.

**Health Care Operations.** We may use and disclose your PHI in connection with our health care operations, including such activities as:

- Quality assessment and improvement activities;
- Reviewing the competence or qualifications of health care professionals, evaluating practitioner and provider performance, conducting training programs, accreditation, certification, licensing, or credentialing activities;

- Underwriting, premium rating, or other activities relating to the creation, renewal, or replacement of a health insurance or health benefits contract. We will not use or disclose genetic information for underwriting purposes;
- Conducting or arranging for medical review, legal services, and auditing, including fraud and abuse detection and compliance;
- Business planning and development; and
- Business management and general administrative activities, including management activities relating to privacy, customer service, resolution of internal grievances, and creating de-identified medical information or a limited data set.

**In addition, AHP participates in one or more Organized Health Care Arrangements. Members of an Organized Health Care Arrangement may share information with each other for treatment, payment, or health care operation purposes described in this notice.**

**Business Associates.** We may disclose your PHI to AHP's business associates in order for the business associates to provide necessary services to AHP, only if such business associates have agreed in writing to protect the confidentiality of your PHI.

**Plan Sponsors.** If you are covered under a group health plan, we may disclose your eligibility, enrollment, and disenrollment information to the plan sponsor. We may disclose your PHI to the plan sponsor to permit the plan sponsor to perform certain administrative functions on behalf of the plan, but only if the plan sponsor agrees in writing to use the PHI appropriately and to protect it as required by law.

**Persons Involved with Your Care.** We may disclose your relevant PHI to family members, friends, or others that you identify as being involved with your health care or with payment for your health care. Before doing so, we will provide you with an opportunity to object to such uses or disclosures. If you are not present, or in the event of your incapacity or an emergency, we will disclose your PHI based upon our professional judgment of whether the disclosure would be in your best interest.

**Disasters and Medical Emergencies.** We may use or disclose your PHI to a public or private entity authorized by law or by its charter to assist in disaster relief efforts. We may use or disclose your name, location, and general condition or death to notify, or assist in the notification of (including identifying or locating), a person involved in your care.

**Health-Related Benefits and Services.** We may use and disclose your PHI to contact you with information about treatment alternatives, appointment reminders, or other health-related benefits and services that may be of interest to you.

**Required Disclosures.** We are required to disclose your PHI to the Secretary of the U.S. Department of Health and Human Services if it is necessary for an investigation conducted by the Secretary. We are also required to disclose your PHI to you or to individuals authorized by you, such as your personal representative, upon your request.

**Other Uses or Disclosures Permitted or Required by Law.** We may use or disclose your PHI as permitted or required by law for the following purposes:

- As required by law;
- For public health activities, including disease and vital statistic reporting, child abuse reporting, FDA oversight, and to employers regarding work-related illness or injury;
- To report adult abuse, neglect, or domestic violence;
- To health oversight agencies;
- In response to court and administrative orders and other lawful processes;
- To law enforcement officials pursuant to subpoenas and other lawful processes, concerning crime victims, suspicious deaths, crimes on our premises, reporting crimes in emergencies, and for purposes of identifying or locating a suspect or other person;
- To coroners, medical examiners, and funeral directors;
- To organ procurement organizations;
- To avert a serious threat to health or safety;
- In connection with certain research activities;
- To the military and to federal officials for lawful intelligence, counterintelligence, and national security activities;
- To correctional institutions regarding inmates; and
- As authorized by state workers' compensation laws.

**Written Authorization.** Unless you give us your written authorization, we will not use or disclose your PHI for purposes other than those described in this notice. We will not sell your PHI, or use or disclose your PHI for marketing purposes, or use or disclose your psychotherapy notes, except as permitted by law, unless we have received your written authorization. If you give us written authorization, you may revoke it in writing at any time. Your revocation will not affect any uses or disclosures permitted by your authorization while it was in effect.

## Individual Rights

**Inspect and Copy.** With certain exceptions, you have the right to inspect or copy the PHI that we maintain on you. You must make a request in writing to obtain access to your PHI. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we may charge you a

reasonable, cost-based fee for staff time to locate and copy your PHI, and postage if you want the copies mailed to you. If we deny your request to access and inspect your information, you may request a review of the denial.

**Amendment.** You have the right to request that we amend the PHI that we maintain on you. Your request must be in writing and must provide a reason to support the requested amendment. We may deny your request to amend PHI if we did not create it and the originator remains available, if it is accurate and complete, if it is not part of the information that we maintain, or if it is not part of the information that you would be permitted to inspect and copy. If we deny your request, we will provide you with a written explanation of the reason for the denial. You may respond with a statement of disagreement to be appended to the information that you wanted amended.

**Confidential Communications.** You have the right to request to receive communications of your PHI from us by alternative means or at alternative locations. We must accommodate your request if it is reasonable, if it specifies the alternative means or location, if it clearly states that the disclosure of all or part of the information could endanger you, and if it continues to permit us to collect premiums and pay claims under your health plan, including issuance of explanations of benefits to the contract holder of the health plan in which you participate. An explanation of benefits issued to the contract holder for health care that you received, and for which you did not request confidential communications, may contain sufficient information to reveal that you obtained health care, even though you requested that we communicate with you in confidence about the health care.

**Request Restrictions.** You have the right to request restrictions on how we use or disclose your PHI for treatment, payment, or health care operations, or that we disclose to someone who may be involved in your care or payment for your care, like a family member or friend. We are not required to agree to these restrictions, but if we do, we will abide by our agreement (except in case of an emergency). Your restriction request must be made to us in writing. A person authorized to make such an agreement on our behalf must sign any agreement to restrictions. We will not agree to restrictions on uses or disclosures that are legally required, or which are necessary in order for us to administer our business.

**Disclosure Accounting.** You have a right to receive an accounting of the disclosures we have made of your PHI. This accounting will not include disclosures made for treatment, payment, health care operations, to law enforcement or corrections personnel, pursuant to your authorization, directly to you, or for certain other activities. Your request for an accounting must be made to us in writing and must state the time period, for which you would like to receive the accounting

which may not exceed six years. We may charge you a reasonable, cost-based fee for responding to additional request if request this accounting more than once in a 12-month period.

**Breach Notification.** You have the right to be notified by us if there is a breach of your unsecured PHI.

**Copy of Notice.** You are entitled to receive this notice in written form, even if you have received it on our website or by electronic mail (email). Please contact us using the information listed at the end of this notice to obtain a written copy of the notice.

**Protection of PHI.** AHP is committed to ensuring that your PHI is protected from unauthorized use or disclosure. We have implemented strong security measures and processes to keep oral, written, and electronic PHI secure across our organization. For example, an employee or contractor who accesses your PHI must comply with all of our information security requirements including, but not limited to, signing confidentiality agreements, completing annual information security training, and using encryption when transmitting data to an external party.

#### Questions and Complaints

If you believe that AHP may have violated your privacy rights, or if you disagree with a decision we made regarding one of the individual rights provided to you under this notice, you may submit a complaint to us using the contact information provided at the end of this notice. You may also submit a written complaint to the Secretary of the U.S. Department of Health and Human Services. We will not retaliate against you in any way if you choose to file a complaint regarding our privacy practices with us or with the U.S. Department of Health and Human Services.

#### Nonpublic Personal Information Privacy Practices

Aspirus Health Ventures, Inc. and its subsidiaries, Aspirus Health Plan, Inc. and Aspirus Health Plan of Michigan, Inc. (collectively, "AHP"), are committed to protecting the confidential information of our customers. We at AHP value our relationship with you and take the protection of your personal information very seriously. This notice describes our privacy policy and explains the types of information we collect, how we collect it, and to whom we may disclose it.

**Information We May Collect.** AHP may collect and use nonpublic personal information about you from the following sources:

- Information we receive from you on applications and other forms that are provided to us, such as your name, address, Social Security number, date of birth, marital status, dependent information, employment information, and medical history;
- Information about your transactions with us, our affiliates, and others, such as health care claims,

medical history, eligibility information, payment information, service request, and appeal and grievance information; and

- Information we receive from consumer reporting agencies, employers, and insurance companies, such as credit history, creditworthiness, and information verifying employment history or insurance coverage.

**Information We May Disclose.** AHP does not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. We share nonpublic personal information only to the extent necessary for us to take care of our customers' claims and other transactions involving our products and services.

When necessary, we share a customer's nonpublic personal information with our affiliates and disclose it to health care providers, other insurers, third-party administrators, payors, vendors, consultants, government authorities, and their respective agents. These parties are required to keep nonpublic personal information confidential as required by law.

AHP does not share nonpublic personal information with other companies for their own marketing purposes. AHP may disclose such information to companies, that perform marketing services on our behalf, or to other companies with whom we had joint marketing agreements. These companies must keep your nonpublic personal information confidential, as required by law.

**Confidentiality and Security.** At AHP, we restrict access to nonpublic personal information to those employees who need to know that information to provide products or services to you. We maintain physical, electronic, and procedural safeguards to protect nonpublic personal information against unauthorized access and use. These safeguards comply with federal regulations on the protection of nonpublic personal information.

AHP will amend this notice as necessary and appropriate to protect nonpublic personal information about our customers.

**Further Information.** For additional information regarding this notice or our privacy practices in general, please call the AHP Privacy Officer at 715.843.1393, Monday through Friday, 8 am to 5 pm, or write to us at:

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

#### 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, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 715.631.7411/1.855.931.4850 (TTY: 715.631.7413/1.855.931.4852).

ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገዝዎት ተዘጋጅተዋል። ወደ ሚክተሎ ቁጥር ይደውሉ 715.631.7411/1.855.931.4850 (መስማት ለተሳናቸው: 715.631.7413/1.855.931.4852).

ဟံသုတ်ဟံသး-နမ့်ကတိံ ကညိ ကျိအလိ, နမန့် ကျိအတိမၤစၢလၢ တလၢဘျုးလၢစု နိတမံဘျုးသုန့ၣ်လိ.  
နိ: 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: បើសិនជាអ្នកនិយាយភាសាអង់គ្លេស, រសវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល  
គឺអាចមានសំរាប់អ្នក។ 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).



If you want to know more about the coverage and costs of Original Medicare, look in your current Medicare & You handbook. View online at [medicare.gov](https://www.medicare.gov) or get a copy by calling 1.800.MEDICARE (1.800.633.4227), 24 hours a day, seven days a week. TTY users call 1.877.486.2048.

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

TruHearing is a registered trademark of TruHearing, Inc.



PO Box 51  
Minneapolis, MN 55440-9972  
1.855.931.4859 | TTY 1.855.931.4852  
[medicare.aspirushealthplan.com](https://www.medicare.aspirushealthplan.com)