2023 Summary of Benefits

Medicare Advantage Plans Comparison Guide

Aspirus Health Plan Medicare Advantage Plans

- Essential Rx (PPO)*
- Elite Rx (PPO)*
- Elite (PPO)*

*PPO: Preferred Provider Organization

How to reach us

visit

aspirushealthplan.com/medicare

email

medicaresalesMA@aspirushealthplan.com

call

715-631-7441 | 1-855-931-4859

TTY users 715-631-7413
1-855-931-4852

8 am – 8 pm, seven days a week (Oct. 1 – March 31)

8 am – 8 pm, Monday – Friday (April 1 – Sept. 30)

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.

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

Why Aspirus Health Plan?

There's a lot to think about when choosing your Medicare plan. We help you sort it out. From explaining the basics of Medicare to showing you how to compare plans, we make Medicare easier.

Aspirus Health Plan is your trusted Medicare partner. Our connection with the Aspirus Health system works to your benefit. You don't need a referral to see Aspirus Health doctors, and you pay less for care when you see doctors in our network.

Get all the benefits you need, without leaving the network you know and trust.

Understanding ABC&D

Confused about Medicare? Our team of Medicare experts can answer all your questions. We're here to help you find the best plan for you.

To learn more about Original Medicare and what it covers, see the Medicare & You handbook. View the handbook online at 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.

The four parts of Medicare

Original Medicare is made up of two parts — **Part A** and **Part B**

Medicare Part A — hospital coverage

Medicare Part A helps pay for inpatient hospital and skilled nursing facility stays, hospice care and home health care.

Medicare Part B — medical coverage

Medicare Part B helps pay for a wide range of medical expenses including doctor visits, many preventive screenings, lab tests, X-rays, outpatient procedures, mental health services, durable medical equipment and more.

Additional coverage and services
vision, hearing, dental, health & wellness

Medicare Advantage plan

Medicare Part C — Medicare Advantage plan

Medicare Part C plans combine Part A and Part B. They often add extra benefits like dental and vision care. Many also include Part D outpatient prescription drug coverage.

Medicare Advantage plans include your Part A and Part B benefits and more. Depending on the plan, they may also provide coverage when you travel and help you pay for prescriptions, routine care and other services to keep you healthy.

Another plus? These plans limit your out-of-pocket costs, helping your health care dollar go further.

Part D — outpatient prescription drug coverage

Part D is available to anyone enrolled in either Medicare Part A or Part B. Part D can be purchased through two types of health plans: Medicare Advantage plans that include Part D or stand-alone prescription drug plans.

You must choose whether or not to enroll in Part D when you first become eligible for Medicare. Keep in mind that if you decline it, but decide you want this coverage later, you may have to pay a penalty.

Most Part D plans have a monthly premium, and benefits and drug costs that vary by plan. Each health plan publishes a list of covered drugs called a formulary.

When am I eligible for Original Medicare?

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)
- Are a citizen and permanent resident of the United States

How do I enroll in Original Medicare?

You may apply online at **ssa.gov/medicare**, via telephone appointment at 1-800-772-1213 (TTY users call 1-800-325-0778), or in person at a local Social Security office.

When can I enroll in a Medicare Advantage plan?

Medicare has limits to when and how often you can change your Medicare Advantage plan. These specific time frames, called "election periods," determine when you can enroll in or leave a Medicare Advantage plan.

Initial Coverage Election Period (ICEP)

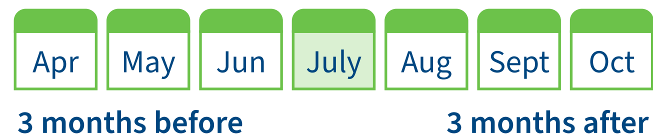
When you become eligible for Medicare (either by age or disability), you may enroll in Original Medicare and a Medicare Advantage plan during your Initial Coverage Election Period (ICEP). When you enroll during the ICEP, the soonest Medicare allows us to accept your enrollment application is three months before you become eligible.

If you have had Part A and are just applying for Part B, the ICEP is limited to the three months prior to your enrollment in Part B.

Enroll when first eligible

You have a seven-month period (three months before you turn 65, the month you turn 65, and three months after your birthday month).

Example birthday is July 4



3 months before **3 months after**

Late enrollment penalties

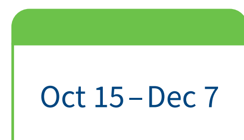
If you don't sign up for Part B and Part D when you first become eligible, Medicare may apply a penalty if you decide to sign up later. You'll pay the penalty for as long as you have Part B and Part D coverage. Some exceptions apply.

When can I make changes to my Medicare coverage?

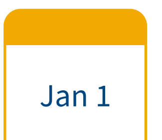
Annual Election Period (AEP)

Every year between October 15 and December 7, you can make a plan change to be effective on January 1 of the following year. This change may include adding or dropping Medicare Part D.

Note: Medicare Advantage plans release their rates and benefits for the following year on October 1.



Annual Election Period



Coverage begins

Special Enrollment Periods (SEPs)

You may qualify for a Special Enrollment Period at any point during the year if you:

- Are leaving or losing coverage through an employer or union (including COBRA)
- Move to an area where your current plan isn't offered
- Are on Medical Assistance or no longer qualify for Medical Assistance
- Receive Extra Help for Medicare Part D
- Are losing your current coverage or your plan is no longer offered
- Belong to a pharmacy assistance program provided by your state, such as SeniorCare

Medicare Advantage Open Enrollment Period (MA-OEP)

During the MA-OEP, Medicare Advantage members may enroll in another Medicare Advantage plan or disenroll from their Medicare Advantage plan and return to Original Medicare (limited to one change). This period runs from January 1 through March 31 or if you are newly enrolled in Medicare, within your first three months of enrollment.

What makes our plans a good choice?

You want care for the whole you, from head to toe. Our Medicare Advantage plans help you get it, without breaking your budget.

Our plans provide coverage for hospital and medical care. We help you pay for other health services too. With extras like vision, hearing, dental and fitness benefits, you get all the coverage you need in one plan.

We also give you options. Choose from a low premium or $0 plans*. Need a plan with prescription drug coverage? That's an option too.

Great coverage, affordable plans:

- Lower cost care through Aspirus Health
- Range of plans to fit your needs
- Medical and Medicare Part D prescription drug coverage in one plan
- Dental, prescription eyewear and hearing aids
- Coverage anywhere in the U.S. when you see any provider that accepts Medicare

prescription drug coverage

dental coverage

over-the-counter allowance

coverage when traveling

fitness options

prescription eyewear and hearing aids

*You must continue to pay your Medicare Part B premium.

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.**

See any provider that accepts Medicare.

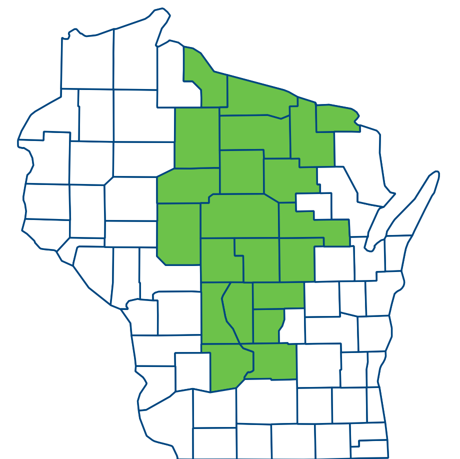
Pay less when you get care from network providers.

1,162 clinics

23 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.



Coverage when traveling

Refer to page 21 for more information about these benefits.

Our plan goes where you go, with coverage anywhere in the U.S. when you get care from a provider that accepts Medicare.

On Medicare-covered services, here's how it works:

- You'll have a $0 copay for primary care
- You'll pay your in-network copay for specialty office visits, outpatient mental health care and physical therapy
- You'll have no copay for lab work in or out of network
- Your plan covers up to 70% of many other non-emergency services you receive in the U.S.

Emergencies are covered while traveling in the U.S. and worldwide with a copay.

Dental coverage

Refer to page 18 for more information about these benefits.

Our plans include dental coverage, and give you the flexibility to purchase optional dental coverage. You can make the most of your dental benefits when you see providers in the Delta Dental National Medicare Advantage network. You may pay more for services if you see a provider outside this network.

To find a dentist in the network, go to **deltadentalmn.org/find-a-dentist** and select "I want to see if a dentist is in-network" or "I'm looking for a new dentist" if you don't have one.

Over-the-counter benefit

Refer to page 20 for more information about these benefits.

Our plans help you save money in lots of ways, including an over-the-counter (OTC) benefit through Healthy Savings®. You'll receive an allowance to use twice a year. Dollars you don't use will expire on June 30 and Dec. 31. You cannot redeem your allowance for cash. Eligible items include cough drops, first aid supplies, pain relief, sinus medications, toothpaste, and much more. Find participating locations, browse eligible items, and learn more at **healthysavings.com/ucare.**

Use your Healthy Savings OTC benefit

Participating stores include:

- Walmart
- Kroger
- Piggly Wiggly
- Pick 'n Save
- Copps
- Hy-Vee
- Woodman's

Prescription eyewear

Refer to page 19 for more information about these benefits.

Our plan offer a vision benefit with a dollar allowance for prescription eyewear or contact lenses. These allowances range from $100 to $175, depending on the plan you choose.

Hearing aids

Refer to page 17 for more information about these benefits.

Our plans cover a routine hearing exam and savings on high-quality hearings aids through TruHearing®. Choose from a variety of Advanced and Premium hearing aids with lower copays. Your plan covers the rechargeable battery option on all premium hearing aids at no additional cost to you as well as fittings and evaluations.

- Experience clarity in a crowded room with the newest technology that lifts voices from background noise
- Stay active all day with fuss-free, rechargeable batteries on some models
- Stream your favorite entertainment directly to your ear, where available

Care by phone or online

Refer to page 16 for more information about these benefits.

Telehealth visits are covered for Medicare-approved services. E-visits (online evaluation and diagnosis) are covered for some conditions.

Fitness options

Refer to page 20 for more information about these benefits.

One Pass fitness program

One Pass is a complete fitness solution for your body and mind, available to you at no additional cost. You'll have access to more than 23,000 participating fitness locations nationwide, plus:

- More than 32,000 on-demand and live-streaming fitness classes
- Workout builders to create your own workouts and walk you through each exercise
- A Home Fitness Kit available to members who are physically unable to visit or who reside at least 15 miles outside a participating fitness location
- Personalized, online brain training program to help improve memory, attention and focus
- More than 30,000 social activities, community classes, and events available for online or in-person participation
- Find participating fitness locations near you at **aspirushealthplan.com/medicare/onepass** or call 1-877-504-6830 (TTY 711), 8 am – 9 pm, Monday – Friday

Prescription drug coverage

Refer to page 22 for more information about these benefits.

Fill your prescriptions at one of more than 22,000 preferred and 42,000 standard pharmacies.

Save on prescription costs when you use preferred pharmacies:

- Preferred retail pharmacies including Aspirus Health, CVS and Walmart
- Express Scripts preferred mail order pharmacy provides a 90-day supply for two copays

You can also fill your prescriptions at standard cost-share pharmacies nationwide, including Walgreens.

Find a pharmacy

Find a preferred pharmacy in our network at **search.aspirushealthplan.com**.

For help or to request a Provider and Pharmacy Directory, call 1-855-931-4859.

Find a drug

See if your medicines are included in our List of Covered Drugs (formulary):

- Use the printed 2023 List of Covered Drugs provided in our plan information kit. Check the alphabetical index in the back to find your drugs
- Visit **search.aspirushealthplan.com** to view our Drug List

Low copays on select formulary insulins
You won't pay more than $35 for a one-month supply of each insulin product covered by our plan, no matter what cost-sharing tier it's on even if you haven't paid your deductible.

Enrollment

Choose a clinic

Select a primary care clinic from the Primary Care Clinic Listing found in your plan information kit. Within this clinic, you may see any doctor. You may see any specialist in our network without a referral.

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
- Get 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).

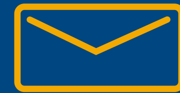
How to pay your premiums

You can choose to pay your monthly premium:

- By check
- Automatic payment/Electronic Funds Transfer (EFT)
- Social Security or Railroad Retirement Board withdrawal

Please do not send payment with your enrollment form.

how to enroll



by mail

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

Download enrollment form at aspirushealthplan.com/medicare, fill out and mail to:

ATTN: Medicare Sales
Aspirus Health Plan
P.O. Box 51
Minneapolis, MN 55440

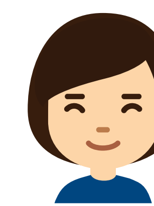
phone

Call 1-855-931-4859 to enroll with a licensed Medicare Sales Specialist.

Call a trusted broker near you.

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.



Ruth
Ruth has a chronic condition and counts on her Aspirus Health providers to keep her healthy. She wants a plan with broad coverage, plus hearing and vision benefits. With Elite Rx, she'll pay a moderate premium and save on out-of-pockets costs.

Terry
Terry is a veteran who receives most of his care and all of his prescriptions through the VA. He also wants dental and fitness benefits. Elite gives Terry an affordable plan to pair with his VA benefits. Elite is also a good fit for those enrolled in the State Pharmaceutical Assistance Program (e.g., SeniorCare in WI).

	Essential Rx	Elite Rx	Elite
Premium (You must continue to pay your Part B premium)	$0	$77	$0
Medical and hospital	✓	✓	✓
Fitness programs	✓	✓	✓
Dental	✓	✓	✓
Prescription eyewear and hearing aids	✓	✓	✓
Over-the-counter benefit	✓	✓	✓
Medicare Part D prescription drug coverage	✓	✓	
Coverage when traveling	✓	✓	✓
Maximum out-of-pocket	$4,500	$3,200	$3,200

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 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 Rx	Elite
2023 monthly premium (You must continue to pay your Medicare Part B premium)	$0	$77	$0
Medical deductible	$0	$0	$0
Medicare Part D deductible	Tiers 1 & 2 = $0 Tiers 3 – 5 = $245	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. **This is not your deductible.**	**In and out-of-network combined** $4,500	**In and out-of-network combined** $3,200	**In and out-of-network combined** $3,200
Hospital Care			
Inpatient hospital care (per admission)	$300 copay per **day** (days 1 – 5); then 100% covered	$300 copay per **stay**; then 100% covered	$300 copay per **stay**; then 100% covered
Outpatient hospital or procedure	$395 copay	$195 copay	$195 copay
Ambulatory surgery center	$395 copay	$195 copay	$195 copay
Doctor Visits — In-person or telehealth for Medicare-approved services			
Primary	**In-network and out-of-network** $0 copay	**In-network and out-of-network** $0 copay	**In-network and out-of-network** $0 copay
Specialist	**In-network and out-of-network** $40 copay	**In-network and out-of-network** $40 copay	**In-network and out-of-network** $40 copay
E-visits through Virtuwell™	$0 copay	$0 copay	$0 copay

In general, out-of-network cost-sharing in the U.S. is 30%; cost-sharing is the same both in- and out-of-network for some services.

	Essential Rx	Elite Rx	Elite
Preventive Care			
Routine physical exam	$0 copay	$0 copay	$0 copay
For the next four rows, the $0 copay applies in-network and out-of-network for all plans			
“Welcome to Medicare” preventive visit (if in the first 12 months on Part B)	$0 copay	$0 copay	$0 copay
Annual Wellness Exam (if you've had Part B for more than 12 months)	$0 copay	$0 copay	$0 copay
Flu and pneumonia vaccines	$0 copay	$0 copay	$0 copay
Mammogram screening, prostate cancer screening exam, bone mass measurement, diabetes screening, preventive colorectal cancer screening	$0 copay	$0 copay	$0 copay
Emergency / Urgent Care — Network does not apply			
Emergency care	$100 copay	$100 copay	$100 copay
Urgently needed services	$25 copay	$25 copay	$25 copay
Diagnostic Tests, Radiation Therapy, X-rays and Lab Services			
Diagnostic tests	20% coinsurance up to a maximum of $75 per day	$0 copay	$0 copay
X-rays, MRI and CT scans, radiation therapy	20% coinsurance up to a maximum of $75 per day	20% coinsurance up to a maximum of $75 per day	20% coinsurance up to a maximum of $75 per day
Diagnostic mammograms	$0 copay	$0 copay	$0 copay
Lab services (e.g., Protime INR, cholesterol)	**In-network and out-of-network** $0 copay	**In-network and out-of-network** $0 copay	**In-network and out-of-network** $0 copay
Hearing Services			
Diagnostic hearing exam	$45 copay	$40 copay	$40 copay
Annual routine hearing exam Hearing aid fitting and evaluation through TruHearing (three per year)	$0 copay $0 copay	$0 copay $0 copay	$0 copay $0 copay
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	$599 copay Advanced Aid $899 copay Premium Aid

	Essential Rx	Elite Rx	Elite
Dental Coverage			
Coverage includes	Routine dental with optional coverage available	Routine dental with optional coverage available	Routine dental with optional coverage available
Premium	+ **$25** per month	+ **$25** per month	+ **$25** per month
Deductible	$75 per year	$75 per year	$75 per year
Annual plan maximum	$2,000	$2,000	$2,000
Oral examinations	One per year* (two total with purchase of optional coverage)	One per year* (two total with purchase of optional coverage)	One per year* (two total with purchase of optional coverage)
Routine cleanings	One per year* (two total with purchase of optional coverage)	One per year* (two total with purchase of optional coverage)	One per year* (two total with purchase of optional coverage)
X-rays	Annual bitewing* (full mouth every 5 years with purchase of optional coverage)	Annual bitewing* (full mouth every 5 years with purchase of optional coverage)	Annual bitewing* (full mouth every 5 years with purchase of optional coverage)
Fluoride treatment	Covered*	Covered*	Covered*
Periodontal maintenance cleanings	One per year* (unlimited with purchase of optional coverage)	One per year* (unlimited with purchase of optional coverage)	One per year* (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	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	60% coinsurance with purchase of optional coverage

*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 Delta Dental Medicare Advantage network. The percentages listed above are the percentages that you pay.

For dental limitations and exclusions, see pages 25–26.

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 Rx	Elite
Vision Services			
Diagnostic eye exam	$45 copay	$40 copay	$40 copay
Annual routine eye exam and up to two refractions per year	$0 copay	$0 copay	$0 copay
Diabetic retinopathy exam	$0 copay	$0 copay	$0 copay
Prescription eyeglasses or contact lenses after cataract surgery	$0 copay	$0 copay	$0 copay
Annual allowance for prescription eyeglasses or contacts	$100	$175	$175
Mental Health Services			
Inpatient hospital stay (90-day limit per stay, per admission) Limited to 190 days in a lifetime in a psychiatric hospital	$300 copay per **day** (days 1–5); then 100% covered	$300 copay per **stay** (not per day); then 100% covered	$300 copay per **stay** (not per day); then 100% covered
Outpatient mental health care	**In-network and out-of-network** $40 copay	**In-network and out-of-network** $40 copay	**In-network and out-of-network** $40 copay
Skilled Nursing Facility Care (or swing bed)^			
Care in a skilled nursing facility with **no prior 3-day hospital stay required**	$0 copay per day for days 1–20; $196 copay per day for days 21–53; $0 copay per day for days 54–100; per benefit period	$0 copay per day for days 1–20; $196 copay per day for days 21–43; $0 copay per day for days 44–100; per benefit period	$0 copay per day for days 1–20; $196 copay per day for days 21–43; $0 copay per day for days 44–100; per benefit period
Other Services			
Physical therapy	**In-network and out-of-network** $40 copay	**In-network and out-of-network** $40 copay	**In-network and out-of-network** $40 copay
Ambulance (within the U.S. and its territories) Includes air and/or ground	$300 copay	$200 copay	$200 copay

^Service requires prior authorization

	Essential Rx	Elite Rx	Elite
Other Services continued			
Transportation (non-emergency)	Not covered	Not covered	Not covered
Medicare Part B Drugs^ Generally, drugs that must be administered by a health professional	0–20% coinsurance	0–20% coinsurance	0–20% coinsurance
Chiropractic services through ChiroCare network^ Manual manipulation of the spine to correct subluxation	$20 copay	$10 copay	$10 copay
Acupuncture All plans cover acupuncture for chronic low back pain, based on Medicare criteria	Doctor visit copays apply (see page 16)	Doctor visit copays apply (see page 16)	Doctor visit copays apply (see page 16)
Podiatry services • Treatment of injuries and diseases of the feet • Routine foot care for members with certain medical conditions affecting the lower limbs	**In-network and out-of-network** $45 copay	**In-network and out-of-network** $40 copay	**In-network and out-of-network** $40 copay
Over-the-counter (OTC) benefit	$100 allowance twice a year	$75 allowance twice a year	$75 allowance twice a year
Durable medical equipment^ (e.g., oxygen equipment, CPAP)	20% coinsurance	20% coinsurance	20% coinsurance
Fitness options	One Pass fitness program	One Pass fitness program	One Pass fitness program
Prosthetic devices (e.g., braces, colostomy bags and supplies)	20% coinsurance	20% coinsurance	20% coinsurance
Diabetic supplies • Continuous blood glucose monitors • Other glucose monitors • Test strips and lancets (Insulin and syringes covered under Medicare Part D)	20% coinsurance 0% coinsurance $0 copay	20% coinsurance 0% coinsurance $0 copay	20% coinsurance 0% coinsurance $0 copay

^Service requires prior authorization. Beginning April 1, 2023, certain drugs may have a lower coinsurance. Beginning July 1, 2023, you will not pay more than $35 for a one-month supply of Part B insulin and deductibles will not apply.

	Essential Rx	Elite Rx	Elite
Coverage anywhere in the U.S. when you see any provider that accepts Medicare			
Primary	$0 copay	$0 copay	$0 copay
Specialist	$40 copay	$40 copay	$40 copay
Physical therapy	$40 copay	$40 copay	$40 copay
Lab services (e.g., Protime INR, cholesterol)	$0 copay	$0 copay	$0 copay
Outpatient mental health care	$40 copay	$40 copay	$40 copay
Virtual and telehealth	$0 copay	$0 copay	$0 copay
Most other non-emergency services received out-of-network	30% coinsurance	30% coinsurance	30% coinsurance
Emergency care	$100 copay	$100 copay	$100 copay
Urgently needed services	$25 copay	$25 copay	$25 copay
Ambulance (within the U.S. and its territories)	$300 copay	$200 copay	$200 copay
Worldwide Emergency Care (outside of the U.S. and its territories)			
Emergency care including post-stabilization	$100 copay	$100 copay	$100 copay
Ground ambulance to the nearest hospital for emergency care	$100 copay	$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 Rx	Elite
Medicare Part D Coverage — included with these plan options at no additional premium			
Cost Sharing for Deductible: You pay the full cost of your drugs until you reach this amount	Tiers 1 & 2 = $0 Tiers 3 – 5 = $245	Tiers 1 & 2 = $0 Tiers 3 – 5 = $245	Not covered
Initial Coverage Phase: From $0 to $4,660 in annual prescription drug costs. After you meet the deductible, you pay the amounts listed below			
Cost Sharing (Retail): Our network includes preferred pharmacies, which offer lower cost sharing than standard network pharmacies			
Tier 1 Preferred generic drugs	**Retail** — 30-day supply Preferred: $3 copay Standard: $8 copay	**Retail** — 30-day supply Preferred: $2 copay Standard: $7 copay	Medicare Part D drugs are not covered in Elite. Note: You CANNOT be a member of the Elite plan and a stand-alone Part D plan at the same time. If you want both medical and prescription drug coverage, choose one of the other Aspirus Health Plan options. This plan is designed for those who have drug coverage through the Veteran's Administration or other programs, such as SeniorCare in Wisconsin.
Tier 2 Generic drugs	**Retail** — 30-day supply Preferred: $12 copay Standard: $18 copay	**Retail**— 30-day supply Preferred: $10 copay Standard: $16 copay	
Tier 3 Preferred brand drugs Select insulin Preferred: $30 copay Standard: $35 copay	**Retail** — 30-day supply Preferred: $47 copay Standard: $47 copay	**Retail** — 30-day supply Preferred: $47 copay Standard: $47 copay	
Tier 4 Non-preferred drugs	**Retail** — 30-day supply Preferred: 50% coinsurance Standard: 50% coinsurance	**Retail** — 30-day supply Preferred: 50% coinsurance Standard: 50% coinsurance	
Tier 5 Specialty drugs	**Retail** — 30-day supply Preferred: 29% coinsurance Standard: 29% coinsurance	**Retail** — 30-day supply Preferred: 29% coinsurance Standard: 29% coinsurance	

Our plans that include Part D cover most Part D vaccines at no cost to you, even if you haven't paid your deductible. This includes the two-part shingles vaccine (SHINGRIX).

	Essential Rx	Elite Rx	Elite
Coverage Gap			
Once you have reached $4,660 in annual prescription drug spending (your cost plus Aspirus Health Plan's cost), you pay as shown	25% of the cost of generic and brand drugs	25% of the cost of generic and brand drugs	Not covered
Catastrophic Coverage			
Once you have reached $7,400 in annual prescription drug spending (excluding Aspirus Health Plan's cost), you pay as shown	**You pay** The greater of $4.15 or 5% coinsurance for generic drugs The greater of $10.35 or 5% coinsurance for all other drugs	**You pay** The greater of $4.15 or 5% coinsurance for generic drugs The greater of $10.35 or 5% coinsurance for all other drugs	Not covered

Cost-sharing may differ based on pharmacy type or status (mail-order, retail, long term care (LTC), home infusion), whether the pharmacy is in our preferred or standard network or whether the prescription is 30-, 60- or 90-day supply.

Additional requirements or limits on covered drugs — Some covered drugs may have additional requirements or limits on coverage. Visit aspirushealthplan.com/medicare to find out if your drug has any additional requirements or limits. These may include: Prior Authorization (PA), Quantity Limits (QL), or Step Therapy (ST). 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.

Preferred Pharmacies

More savings — Pay less for your drugs at more than 22,000 pharmacies including Aspirus Health, CVSand Walmart

Standard Pharmacies

More choice — Fill your prescriptions at more than 42,000 standard cost-share pharmacies nationwide, including Walgreen's

To find a preferred pharmacy in your plan network, visit **search.aspirushealthplan.com.**

If you prefer, call for help or request a Provider and Pharmacy Directory at 1-855-931-4859.

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.

Additional information

Provider network coverage

As a member of our plan, you can receive your care from either a network provider or an out-of-network provider. If you use an out-of-network provider, your share of the costs for your covered services may be higher. Please note that if you receive care from an out-of-network provider, they must be eligible to participate in Medicare. Except for emergency care, we cannot pay a provider who is not eligible to participate in Medicare.

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.

Learn about special services

Care 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.

Prior Authorizations

We cover some services listed in the benefits chart only if your doctor or other provider gets approval from us in advance. Some covered services that need such approval include inpatient rehabilitation services, genetic, molecular diagnosis tests, lumbar spine surgery, bariatric surgery, vein procedures, bone growth stimulators, and spinal cord stimulators. Other services that require prior authorization are marked with an ^ in the chart. For more information on services that require prior authorization by your provider, go to search.aspirushealthplan.com. In addition, the Benefits Chart section of the Evidence of Coverage includes this information for each of our plans. This information is also at **aspirushealthplan.com/medicare.**

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 beyond the standard amount for routine accommodation services
- 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 include 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 breast reconstruction due to breast cancer are covered 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 non prescription 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

- Endodontics: Limited to one (1) per tooth per lifetime
- Periodontics (other than periodontal maintenance cleanings): Coverage is limited to one (1) nonsurgical 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 optional supplemental 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 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 EOC
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 Sept. 15, 2020, 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 AHP. This list of examples is not exhaustive.

Treatment. We may disclose your PHI to a health care provider for you to receive medical care 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 contract of health insurance or health benefits. 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 business associates of AHP to provide necessary services to AHP, 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 on 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 necessary for an investigation being conducted by the Secretary; and upon request, to you or to individuals authorized by you, such as your personal representative.

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. You may respond with a statement of disagreement to be appended to the information 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 for which you did not request confidential communications may contain sufficient information to reveal that you obtained health care for which we paid, even though you requested that we communicate with you about that health care in confidence.

Request Restrictions. You have the right to request restrictions on how we use or disclose PHI about you 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 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 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 in writing to us and must state the time period, which may not be longer than six years, from which you would like to receive the accounting. If you request this accounting more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests.

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, which must keep it confidential as required by law, that perform marketing services on our behalf or to other companies with which we have joint marketing agreements.

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 715-843-1391, Monday through Friday, 8 am to 5 pm, or write to us at:

Privacy Officer
Aspirus Health Plan
3000 Westhill Drive
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
P.O. Box 51
Minneapolis, MN 55440-9972
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

Healthy Savings is a registered trademark of Solutran, Inc.

TruHearing is a registered trademark of TruHearing, Inc.

SHINGRIX is a registered trademark of the GSK group of companies.

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. ໂທຣ 715-631-7411/1-855-931-4850 (TTY: 715-631-7413/1-855-931-4852).

ማስታወሻ: የሚናገሩት ቋንቋ ኣማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጀተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ 715-631-7411/1-855-931-4850 (መስማት ለተሳናቸው: 715-631-7413/1-855-931-4852).

ဟ်သူဉ်ဟ်သး–နမ့ၢ်ကတိၤ ကညီ ကျိာ်အယိ, နမၤန့ၢ် ကျိာ်အတၢ်မၤစၢၤလၢ တလၢာ်ဘူဉ်လၢာ်စ့ၢ် နီတမံၤဘၣ်သ့န့ၣ်လီၤ. ကိး 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៖ បើសិនជាអ្នកនិយា ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតឈ្នួល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 715-631-7411/1-855-931-4850 (TTY715-631-7413/1-855-931-4852)។

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).

The coverage you want at an affordable price.

	Essential Rx	Elite Rx	Elite
Premium (You must continue to pay your Part B premium)	$0	$77	$0
Medical and hospital	✓	✓	✓
Fitness programs	✓	✓	✓
Dental	✓	✓	✓
Prescription eyewear and hearing aids	✓	✓	✓
Over-the-counter benefit	✓	✓	✓
Medicare Part D prescription drug coverage	✓	✓	
Coverage when traveling	✓	✓	✓
Maximum out-of-pocket	$4,500	$3,200	$3,200

Notes

P.O. Box 51
Minneapolis, MN 55440-9972

715-631-7441 | 1-855-931-4859 | TTY 1-855-931-4852
8 am – 8 pm, seven days a week (Oct. 1 – March 31)
8 am – 8 pm, Monday – Friday (April 1 – Sept. 30)
aspirushealthplan.com/medicare

H6874_50014_082022_M
U50014 (04/2023) © 2023 Aspirus Health Plan. All rights reserved.