

EOB Consent Information

Aspirus Health Plan has changed how subscribers (you) access health care claim information on our website for your covered spouse and/or adult dependents (age 13 and over).

Aspirus Health Plan requires consent from spouses and adult dependents before allowing subscribers access to health care claims information on the Aspirus Health Plan website.

The new consent process is a simple three-step process:

1. Register for an account through www.aspirushealthplan.com. Once registered, simply click on the "Request Consent" link if available (see below for an example).

Member ID	Member Name	Age	Consent Status
		38	Request Consent
		10	Consent Not Required
		7	Consent Not Required
		2	Consent Not Required

2. Aspirus Health Plan will mail a consent letter to the covered spouse and/or adult dependent(s) at the address we have on file for that individual (see attached "Sample Letter").
3. The letter will explain to the individual the consent requirements. If the individual wishes to allow their subscriber access to their health care claims information on our website, the letter will instruct them how to grant access. Once this is completed, you the subscriber will have access to their health care claims information on our website.

This change does not affect access to health care claims information on our website for dependents under age 13. It also does not change your ability to view other important information such as deductible, benefit information, health education, etc.

If you have any questions regarding this change, please contact us at 1-888-631-5404 (Monday – Friday from 7:00 AM to 7:00 PM).



Account Number: ASP12345
Member ID: 8029999900
IHWKGZQUFE
December 15, 2020



SALLY SMITH
6105 GOLDEN HILLS DRIVE
GOLDEN VALLEY MN 55416

SAMPLE ONLY

Dear Sally Smith:

Improved Aspirus Health Plan Website Function for Dependents Age 13 and Older

Aspirus recently improved **our website functionality** and **our process for distributing explanations of benefits (EOBs)** for enrolled dependents age 13 and older (“age 13+”). With these improvements, EOBs and other health coverage and claim information are available directly to dependents age 13+, including additional prescription drug name information that is available through our pharmacy benefit manager (all is “Health Information”).

Under the improved process, Aspirus is mailing EOBs directly to enrolled dependents who are age 13+, at their home address or other address of record. This process applies to you, as an enrolled dependent age 13+. Aspirus is also making available to you as an enrolled dependent, the opportunity to register your own account on our website, through which you can electronically see and print your EOBs and access other health coverage information.

As part of our website improvements, John Smith, the individual through whom you are enrolled in coverage (“Subscriber”), no longer receives your EOBs and no longer has access to your Health Information through Aspirus’s website.

Request by Subscriber to View Health Claims Information

We are also writing to you about these improvements because Aspirus recently received a request from John Smith for your EOBs to be directly sent to him/her, and for access to your Health Information through our website.

How to Approve Subscriber’s Request

You are not required to agree to John Smith’s request; however, if you do agree to the request, you can let us know either:

A. Electronically through our website, by doing the following:

1. Go to <https://pl.aspirushealthplan.com/clmconsent/>
2. Enter your date of birth
3. Enter the following unique, secure validation key (not case sensitive): IHWKGZQUFE

Or (next page):



Account Number: ASP12345
 Member ID: 8029999900
 IHWKGZQUFE
 December 15, 2020

SAMPLE ONLY

B. By mail, by signing a copy of this letter, immediately below, and mailing the signed letter to us at:

Aspirus Health Plan, Attn: Enrollment, P.O. Box 1062, Minneapolis, MN 55440

Signature of Sally Smith (or Personal Representative*): _____

Date: _____

***Personal Representative:** _____

Please print name and relationship to member. We may request proof of relationship.

Whichever process you use, by completing the steps in either A. or B., **you are acknowledging and documenting that you understand and agree that:**

1. Aspirus is permitted to send your EOBs directly to, and disclose your Health Information on and through our website, to John Smith.
2. You will not receive your EOBs separately or directly via mail. You will see them on our website if you register for an account. (See below.)
3. You agree to this voluntarily, and understand that you are not required to do so or to sign this form to receive health benefits.
4. You may inspect or copy the Health Information that is released or disclosed.
5. Your consent will remain effective until you revoke it; and you may, at any time, prospectively revoke it by calling Aspirus Customer Service at (866) 631-5404.
6. Once released to John Smith, your Health Information is no longer in Aspirus’s control if he or she rediscloses it, which means that Aspirus can no longer protect it.

Please note that John Smith will not receive your EOBs or have access to your Health Information through our website until you complete the steps in either A. or B., above.

How to Register for an Account on www.AspirusHealthPlan.com

We encourage you to register an account on our website. By doing so, you will have access to not only your EOBs, but to lots of other information that will help you better understand your health coverage and use it effectively. You can register by:

1. Go to <https://www.aspirushealthplan.com/group-individual/>
2. Click on the “Sign in or Register” link and follow the instructions

Questions

If you have any questions regarding this information or John Smith’s request, please email us at customerservice@aspirushealthplan.com, or call us at (866) 631-5404.

Thank You,
 Aspirus Health Plan

Account Number: ASP12345

Member ID: 80299999900

IHWKGZQUFE

December 15, 2020



Nondiscrimination and Language Access Policy

Aspirus Health Plan, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We will:

- Provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact us at the phone number shown on the inside cover of this COC, your id card, or aspirushealthplan.com.

If you believe that we have 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 a grievance with:

Nondiscrimination Grievance Coordinator
Aspirus Health Plan, Inc.
PO Box 1062
Minneapolis, MN 55440
Phone: 1. 866.631.5404 (TTY: 1.866.631.8597)
Fax: 763.847.4010
Email: customerservice@aspirushealthplan.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Nondiscrimination Grievance Coordinator is available to help you.

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, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Assistance Services

Albanian: KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1.866.631.5404 (TTY: 1.866.631.8597).

Arabic: تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل بن اعلى رقم الهاتف 1.866.631.5404 (رقم هاتف الصم والبك: 1.866.631.8597)

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1.866.631.5404 (ATS : 1.866.631.8597).

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1.866.631.5404 (TTY: 1.866.631.8597).

Hindi: _यान द_ : य_द_ आप िहंदी बोलते ह_ तो आपके िलए मु_त म_ भाषा सहायता सेवाएं उपल_ध ह_। 1.866.631.5404 (TTY: 1.866.631.8597) पर कॉल कर_।

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1.866.631.5404 (TTY: 1.866.631.8597).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1.866.631.5404 (TTY: 1.866.631.8597) 번으로 전화해 주십시오.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1.866.631.5404 (TTY: 1.866.631.8597).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1.866.631.5404 (телетайп: 1.866.631.8597).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.631.5404 (TTY: 1.866.631.8597).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nangwalang bayad. Tumawag sa 1.866.631.5404 (TTY: 1.866.631.8597).

Traditional Chinese: 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 1.866.631.5404 (TTY: 1.866.631.8597)

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1.866.631.5404 (TTY: 1.866.631.8597).

Pennsylvania Dutch: Wann du Deitsch (Pennsylvania German / Dutch) schwetzscht, kannsch du mitaus Koschte ebergricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1.866.631.5404 (TTY: 1.866.631.8597).

Lao: ໃບດອກບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຈຳນວນມື້ຮ້ອນໃຫ້ທ່ານ. ໂທສ 1.866.631.5404 (TTY: 1.866.631.8597).