

Employee Guide to Using Your Coverage

# Self-Insured Group Health Plan





# Welcome!

Health is your most important asset. Aspirus Health Plan helps protect that asset. We’re here for you and your family whenever you need health care resources or advice. Everything from wellness, vaccinations and preventive care to support through unexpected illnesses or injuries is available to you.

Choose from a statewide network of doctors, clinics, hospitals and urgent care centers and convenience care. Easily manage all your health resources online at **aspirushealthplan.com** or call us whenever you have a question about your coverage, a claim or need help finding the right doctor. Aspirus Health Plan also supports you with nurses who can talk with you about your care and help you understand your treatment choices and decisions.

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## In Wisconsin

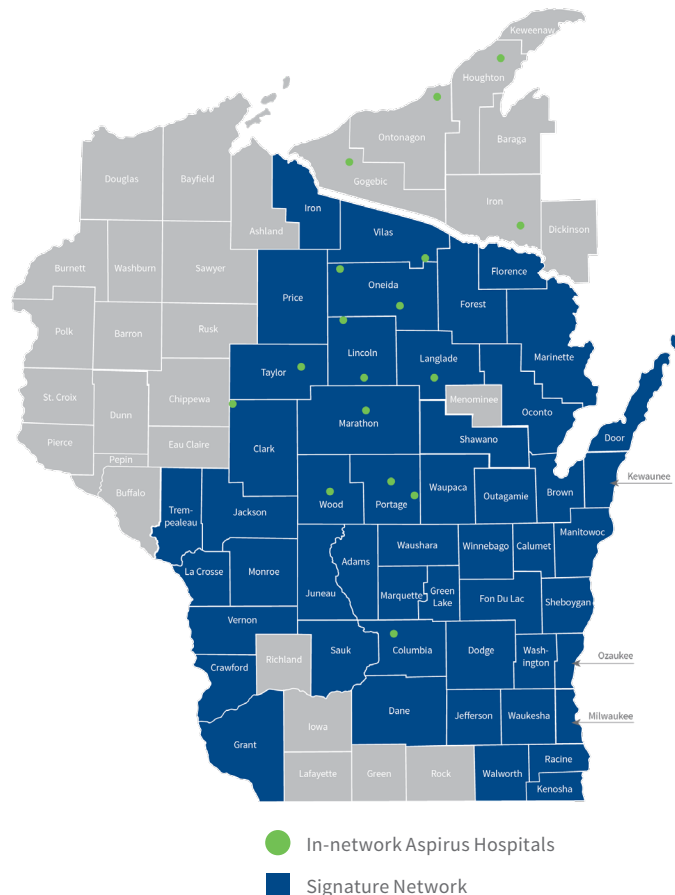
## Top-quality network offers easy access

Convenient access to Aspirus Health Plan's Signature Network plus many health care professionals and hospitals in your area.

Hospitals include

- Aspirus Health
- Aurora Health Care
- Bellin Health
- Children's Wisconsin
- Gundersen Health System
- Reedsburg Area Medical Center
- The Medical College of Wisconsin
- ThedaCare
- UW Health

To establish care with a provider at Aspirus Health, contact the Welcome Center at 833.811.4176. They can assist with transferring medical records, signing up on MyAspirus, and answer questions you may have.



## Signature Network includes

**7K+** HEALTH CARE PROVIDERS

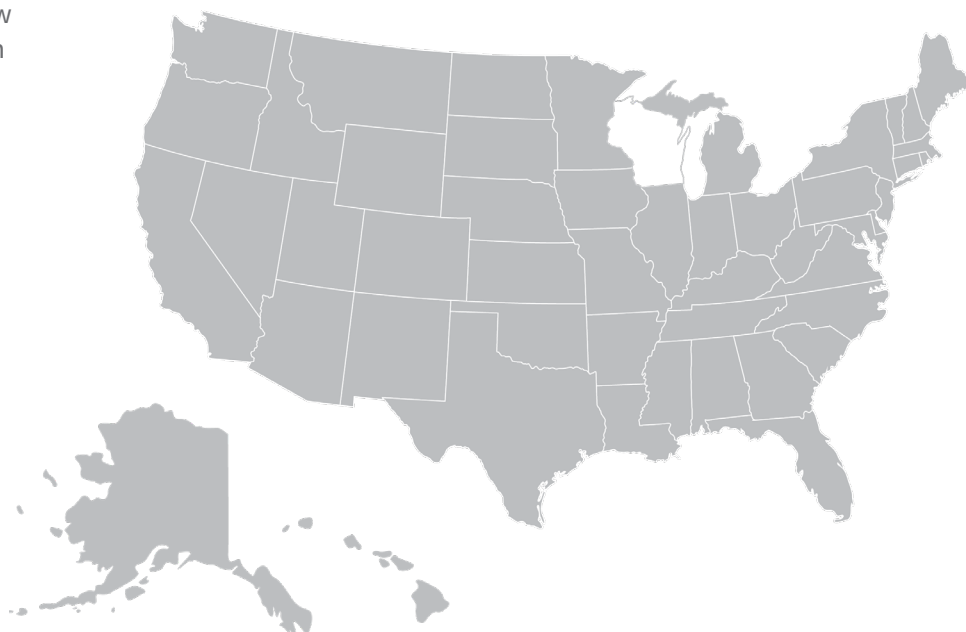
**51+** PRIMARY AND SPECIALTY CARE CLINICS

**50** WISCONSIN  
COUNTIES

## Comprehensive Access to Health Care Providers Nationwide

Providers in all 49 states outside Wisconsin allow members and covered dependents to get health care at in-network benefit levels.

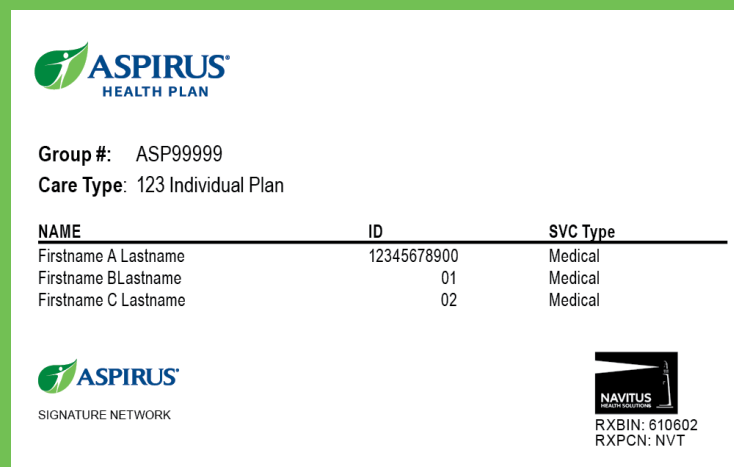
For help locating a participating provider, you can use our online Find a Doctor tool to search by location, name/specialty, board certification, residency and professional qualifications or call Customer Service at 866.631.5404, Monday-Friday, 7 am - 7 pm CT. Providers can leave or enter the network at any time. It is recommended that you check the network status of your provider on a regular basis.



# Aspirus Health Plan is the best choice for Aspirus Health patients

# Get Started With Your Member ID Card

You will receive an identification card from us, which identifies you as an Aspirus Health Plan member. When you receive your card, please verify the information is correct. Carry this card with you at all times. You will be asked to show your ID card each time you visit a health care provider. To request a new or additional identification card, please contact Customer Service at 866.631.5404. ID cards may also be requested online at **aspirushealthplan.com** — simply log in to your online account and fill out an ID card request.



## Setting Up Your Online Member Account

### Use your online member account for quick access to information

The online member account offers access to everything you need, all in one place. This allows more flexibility and control in managing your personal account information. Clearly labeled tabs take you straight to what matters to you most, whether it's your policy, billing information, claims status, EOBs, pharmacy information, provider network, health & wellness topics or member discount programs.

NOTE: You're not able to register and access your online member account until after your health plan effective date.

### How to register for your member account

1. Make sure you have your ID card handy.
2. Visit **aspirushealthplan.com**, select **Sign in**, and then select **Register for a member account**. If you agree to the terms, click **I Accept**.
3. Enter the requested policy information from your ID card on the registration form.
4. Create a username and password, then select **Next**.
5. Select how you would like to receive your Explanation of Benefits (EOB).
6. Select **Submit Registration**.

### How to find your Explanation of Benefits (EOB)

Sign in to your member account at **aspirushealthplan.com** and select **View My Explanation of Benefits for a Claim**.

### How much of my deductible have I used?

View how much of your deductible you have met in the current calendar year, compared to your total deductible amount.

Sign in to your member account at **aspirushealthplan.com** and select **View My Out-of-Pocket and Deductible Balances**.

# Make the Most of Your Health Benefits

## Welcome New Patients

Establishing a relationship with a primary care provider is one of the best things you can do for your health, and the health of your family. Our Welcome Center staff can help you select the provider who best meets your individual health care needs and they can also schedule your first appointment at that same time.

In addition, they can:

- Assist with transferring your medical records to Aspirus Health.
- Obtain personal health information, such as medical history, allergies, medications and immunizations.
- Sign you up for MyAspirus, our online portal where you can view portions of your medical record, request prescription refills, schedule appointments, and more!
- Answer any questions you may have, or direct you to the appropriate resource for more information.

Contact our Welcome Center today to get started!  
715.847.2613 or (toll-free) 833.811.4176

## Hear in America hearing plans

- Includes an annual hearing screening at no cost
- Discounts on top hearing aid brands
- Three-year warranties covering repairs, loss and damage are included with all purchases
- Three years of hearing aid batteries included
- Coverage is also available for other family members
- To take advantage of this offer, call Hear in America at 800.286.6149 and say you are an Aspirus Health Plan member

## RN Comprehensive Care Coordination

Managing a chronic condition or complex health issue is not always easy. Or, maybe you want to improve your health but don't know where to start. RN Comprehensive Care Coordination can help.

When you connect with Care Coordination, you will be partnered with a RN Comprehensive Care Coordinator on the Aspirus Health Resource Team who will advocate for your health while providing useful information and support. You will receive guidance that helps you to better follow treatment plans, achieve wellness and avoid future health crises.

RN Comprehensive Care Coordinators are available to:

- Assist in coordinating care with your specialty doctors
- Help manage care in the hospital, at the clinic and at home
- Work with you and your providers to develop a personal plan to improve your health
- Help you understand treatment options so you can make the best health care decisions
- Partner with you and your doctors to identify goals and support your progress

If you would like to work with a RN Comprehensive Care Coordinator call: 715.843.1061 or email: [CDMHRT-AspirusInc-Intake@aspirus.org](mailto:CDMHRT-AspirusInc-Intake@aspirus.org)

Looking for more  
information about these  
benefits

Visit [aspirushealthplan.com](https://aspirushealthplan.com) and  
select **For Members**



# What is a Wellness Visit?

A wellness visit is an important part of your health care offered by your primary care provider. Wellness visits are often covered by health insurance with little or no out-of-pocket expense.\* It helps to know what is included in a wellness visit and what to expect if you receive additional services during your wellness visit.

## What is a Wellness Visit?

A wellness visit is a routine preventive health check-up that focuses on your overall health, risk factors, family history, and preventive care. This may include:

- Ordering screening tests to detect conditions, such as diabetes, cancer, and high cholesterol (once diagnosed with a condition such as diabetes, tests would no longer be considered screening)
- A review of your health history
- A physical exam
- Immunizations

## What Are Add-Ons to a Wellness Visit?

Wellness visits do not include treatment of acute concerns (such as new symptoms) or evaluation of existing medical conditions (like diabetes, asthma, depression, or high blood pressure). However, they can be combined with an acute care visit or a chronic disease visit for your convenience. If you have a combined visit, we will submit a bill to your insurance which includes both charges. Add-ons to a wellness visit may include:

- Orders for non-screening imaging or lab work (this would include previously diagnosed conditions such as diabetes)

- Interpretation of a non-screening test
- When a medication is ordered, reviewed, changed or newly prescribed
- When a new diagnosis is made
- When a procedure is performed
- Third party examinations (i.e., DOT, school physicals)

## Please Note

If you request or require additional tests, procedures, diagnoses, or chronic disease management that fall outside the definition of a wellness visit, additional charges may apply. It's helpful to understand what is included in a wellness visit so you can:

- **Get help in a timely manner** for acute or chronic conditions throughout the year. You don't have to wait for your annual wellness visit and try to do it all at once.
- **Tell our scheduler** when you call for your wellness visit if you will need extra time or if you wish to schedule a separate visit to discuss additional concerns. This also helps you plan what questions you want to bring up at your appointment.
- **Be aware you and your insurance company may be charged for services** if you receive additional health care services at the same time as your wellness appointment. You may owe out-of-pocket amounts for these services.

*\*Plan benefits vary. It is recommended you verify benefits with your health plan prior to receiving services.*

Knowing what's included in your annual wellness visit helps you stay healthy and informed throughout the year.



# Covered Preventive Services

Aspirus Health Plan pays benefits at 100% for certain preventive services and medications when care is received from a participating provider. For HMO plans, services received from a non-participating provider are generally not covered. For POS plans, services received from a non-participating provider are subject to deductible and coinsurance. Immunizations have no cost-sharing from both participating and non-participating providers. See your policy for details.

PREVENTIVE SCREENINGS	
Routine physical exams	Abdominal aortic aneurysm screening
Well-child care	Pregnancy screenings including, but not limited to, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis
Routine immunizations	
Mammograms	Screenings and intervention services (including counseling and education) for: <ul style="list-style-type: none"><li>• Genetic testing for breast and ovarian cancer</li><li>• Breastfeeding</li><li>• Tobacco use and diseases caused by tobacco use</li><li>• Alcohol use</li></ul>
Screening colonoscopies/sigmoidoscopy/ fecal occult blood testing	
Bone density test to screen for osteoporosis	
Routine hearing screening exam	Preventive care drugs
Screening tests for lead exposure	Preventive services for women, as recommended by the Health Resources and Services Administration

The above preventive services are covered subject to the terms and conditions set forth in your Aspirus Health Plan Summary Plan Document (SPD). Preventive care services include routine exams, screenings, immunizations, and other services ranked A or B by the U.S. Preventive Services Task Force (USPSTF). For further questions, please contact Aspirus Health Plan Customer Service at 866.631.5404.

## Prior Authorizations

A prior authorization is the process of receiving written approval from Aspirus Health Plan before you visit certain health care providers or receive certain health care services.

For full details on prior authorizations, please visit [aspirushealthplan.com/Insurance/PriorAuthorization](https://aspirushealthplan.com/Insurance/PriorAuthorization).

Please share this information with your health care provider, who can submit the prior authorization form and your relevant clinical information directly to us.

### Whose responsibility is it to obtain required prior authorizations?

It is ultimately your responsibility to work with your provider, who will submit the prior authorization request for Aspirus Health Plan to review before you receive services.

### When do I need a prior authorization?

Prior authorization is required for HMO plans for all non-participating providers and tertiary care specialists or facilities.

Prior authorization is also required before you receive certain health care services. For a list of these services, please visit [aspirushealthplan.com](https://aspirushealthplan.com), **For Members**, and select **Insurance By Topic**.

Before receiving medical services, please call Customer Service to verify your prior authorization request has been approved. Failure to obtain prior authorization may result in no coverage for those services, depending on your plan.

### Services that do not require prior authorization

Emergency care or urgent care at an emergency or urgent care facility.

## Questions about prior authorization

Contact Customer Service at 866.631.5404  
Monday-Friday, 7am-7pm

# How Claims Work

## Claim denials

If a claim is denied, in whole or in part, you will receive written notice of the denial and the reasons for the denial. The notice will also inform you of the right to file a grievance and the procedure to follow. Prior authorization denials will be considered claim denials and will follow the same notification process.

## How to voice a complaint or file a grievance

We want to make sure the plan is working for you and welcome your feedback. If you have a complaint or want to file a grievance, please contact the Aspirus Health Plan Customer Service Department at **866.631.5404**. We strive to resolve all complaints verbally; however, you have the option to submit a formal grievance in writing if your complaint is not handled to your satisfaction. The grievance procedure is used to resolve all complaints regarding plan administration or benefit denials. Your grievance will be considered by a review panel consisting of Aspirus Health Plan representatives, a clinical representative, and a member representative.

**Important:** *if you are a new member with Aspirus Health Plan you may receive a request for Coordination of Benefits from us via mail. It's important to respond to this request timely, as claims will be held for you until a response is received.*

## Your right to an independent external review

Aspirus Health Plan is required to provide an Independent External Review process for certain denials for claims or services. The plan member or authorized representative may request that an Independent Review Organization.

(IRO) review a health plan's decision regarding the following: (1) services that were deemed not medically necessary; (2) services that were considered experimental or investigational; or (3) we denied a request for health care services from an out-of-network health care provider whose clinical expertise you feel may be medically necessary for treatment and the expertise is not available from an in-network health care provider. You may also request an independent external review for any decision regarding a rescission of a policy or contract.

An independent external review is generally available only after you have completed the grievance procedure through Aspirus Health Plan. You must write to the Grievance Coordinator requesting an independent external review of the case within four months from the date of your grievance. You should include an explanation of why you believe that the treatment should have been covered and include any additional documentation or information that supports your position. Within five days of the receipt of your request, we will assign your case to an accredited IRO using an unbiased random selection process. The IRO has 45 business days to respond with a decision unless you qualify for an expedited independent review. In that case, the IRO has 72 hours to respond with a decision. The IRO's decision may be binding on the insured and the insurer, unless other remedies are available under state or federal law.

# Health Insurance Terminology

**Coinurance** – Your share of costs of a covered health service, calculated as a percentage of the allowed amount of service. You pay coinsurance plus any unmet deductible amount.

**Copayment** – A fixed amount you pay for covered health services. The amount can vary by the type of covered service, type of provider, and plan.

**Deductible** – The amount you owe for health care services your health insurance or plan covers before the insurance or plan begins to pay. The deductible may not apply to all services. On family plans, the deductible may be embedded or non-embedded.

- **Embedded deductible** – When a family member reaches the individual deductible amount, this plan will begin to pay benefits for him or her only. Once the family deductible amount is reached, this plan will begin to pay benefits for any family member.

- **Non-embedded deductible** – The family deductible must be satisfied before this plan will pay benefits. One person can satisfy the family deductible.

**Explanation of Benefits (EOB)** – The form you receive from your health insurer when your provider submits a claim. It explains what amount you may be billed by the provider. An EOB is not a bill; you will receive a statement from the provider for the actual amount due. Keep your EOBs and match them with the statements from your providers to ensure you are being billed accurately.

**Out-of-pocket maximum** – The most you will pay during a policy period (usually a year) before your health insurance pays 100% of the allowed amount on covered services. This maximum never includes your premium or uncovered health care services.



# Member Rights and Responsibilities

Aspirus Health Plan is committed to maintaining a mutually respectful relationship with you that promotes high-quality, cost-effective health care. The member rights and responsibilities listed below set the framework for cooperation among you, practitioners, and us.

## As our member, you have the following rights and responsibilities:

1. A right to receive information about us, our services, our participating providers and your member rights and responsibilities.
2. A right to be treated with respect and recognition of your dignity and right to privacy.
3. A right to available and accessible services, including emergency services, 24 hours a day, 7 days a week.
4. A right to be informed of your health problems and to receive information regarding treatment alternatives and risks that are sufficient to assure informed choice.
5. A right to participate with providers in making decisions about your health care.
6. A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage.
7. A right to refuse treatment.
8. A right to privacy of medical and financial records maintained by us and our participating providers in accordance with existing law.
9. A right to voice complaints and/or appeals about our policies and procedures or care provided by participating providers.
10. A right to file a complaint with us and the Wisconsin Office of the Commissioner of Insurance and to initiate a legal proceeding when experiencing a problem with us. For information, contact the Wisconsin Office of the Commissioner of Insurance at 1.800.236.8517 and request information.
11. A right to make recommendations regarding our member rights and responsibilities policies.
12. A responsibility to supply information (to the extent possible) that participating providers need in order to provide care.
13. A responsibility to supply information (to the extent possible) that we require for health plan processes such as enrollment, claims payment and benefit management, and providing access to care.
14. A responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals to the degree possible.
15. A responsibility to follow plans and instructions for care that you have agreed on with your providers.
16. A responsibility to advise us of any discounts or financial arrangements between you and a provider or manufacturer for health care services that alter the charges you pay.





# MyAspirus Connects You Directly With Your Aspirus Health Care Provider

Contact your Aspirus Health Clinic in person or by phone to obtain an access code. Then, go to **MyAspirus.org/MyChart** and login. You will have access to portions of your electronic medical record, including:

- Appointment information
- Immunizations
- Lab results
- Prescription medications
- And more!

With this tool, you can see what your health care provider sees. It also allows you to contact your provider's office to renew prescriptions, send messages, and schedule appointments online.



The screenshot displays the MyAspirus website. At the top, the Aspirus logo and 'MyAspirus' text are visible. The main content area is divided into several sections, each with an icon and a title: 'COVID-19' (with a virus icon), 'If you think you might have COVID-19' (with a virus icon), 'Do your part; stay apart' (with a face mask icon), 'View and pay bills' (with a pill icon), 'On-demand, 24/7/365 Health Care' (with a video call icon), 'Access your test results' (with a test tube icon), 'E-Visits' (with a speech bubble icon), and 'Manage your appointments' (with a calendar icon). Each section contains a brief description of the service. On the right side, there is a login section with fields for 'MyAspirus Username' and 'Password', a 'Sign in' button, and links for 'Forgot Username?', 'Forgot Password?', 'New User?', 'Sign up with Activation Code', and 'Sign up without Activation Code'. Below the login section, there are four green buttons: 'One Time Payment', 'Video Visits Checklist', 'Guest Estimates', and 'Frequently Asked Questions'.

## Your connection to better health

Take advantage of your health coverage  
to live a healthier, more productive life.







**Customer Service**

Monday–Friday, 7 am – 7 pm CT

866.631.5404 (TTY: 711)

*Language assistance is available through Customer Service.*

**[aspirushealthplan.com](https://www.aspirushealthplan.com)**

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