

CONTACT LIST
Merrill Area Public Schools

Prior to July 1, should you, or a family member, have questions regarding your health insurance coverage with Aspirus Health Plan, you are welcome to contact:

Tim Ottosen

Senior Account Manager

Aspirus Health Plan

Phone: 715-843-1394

Email: tim.ottosen@aspirushealthplan.com



Additional materials (not contained in this printed packet) can be found by following the link below:

https://drive.google.com/drive/folders/1ht76ldWtIR_PeioRMTvhSr_CegZbkTly?usp=sharing

Signature Network (Continued)

Other in-network hospitals throughout Wisconsin include:

- ▶ Aurora Health Care
- ▶ Bellin Health
- ▶ Gundersen Health System
- ▶ Holy Family Memorial
- ▶ Reedsburg Area Medical Center
- ▶ ThedaCare
- ▶ UW Health

See the list of providers below in the chart.

Counties	Hospitals in County	Major Providers in County
Brown	Aurora BayCare Medical Center, Bellin Memorial	Aurora Medical Group, Bellin Health Partners
Calumet	Aurora Medical Center Manitowoc, ThedaCare Regional Medical Center - Appleton	Bellin Health Partners, ThedaCare Physicians
Columbia	UW Hospital and Clinics	UW Health System
Crawford	Gundersen Boscobel Area Hospital and Clinics, Gundersen St. Joseph's Hospital and Clinics, UW Hospital and Clinics	Gundersen Health System, UW Health System
Dane	American Family Children's Hospital, UW Hospital and Clinics	UW Health System
Dodge	Aurora Oshkosh, Aurora Washington Co., ThedaCare Medical Center - Berlin	Aurora Medical Group, UW Hospitals and Clinics
Door	Aurora BayCare, Aurora Manitowoc, Bellin Memorial	Aurora Medical Group, Bellin Health Partners
Fond du Lac	Aurora Medical Center Oshkosh, Aurora Medical Center Washington Co. Aurora Sheboygan	Aurora Medical Group
Grant	Gundersen Boscobel Area Hospital and Clinics	Gundersen Boscobel Area Hospital and Clinics
Green Lake	ThedaCare Medical Center-Berlin	ThedaCare Physicians
Jackson	Aspirus Riverview, Gundersen Lutheran, Gundersen Tri-County	Gundersen Health System
Jefferson	UW Hospital and Clinics	UW Health System
Kenosha	Aurora Medical Center Kenosha	Aurora Medical Group
Kewaunee	Aurora Medical Center Manitowoc	Aurora Medical Group, BayCare Clinic, Bellin Health Partners
La Crosse	Gundersen Lutheran	Gundersen Health System
Manitowoc	Aurora Medical Center Manitowoc, Holy Family Memorial	Aurora Medical Group, Holy Family Medical Group
Marinette	Aurora Medical Center - Bay Area	Aurora Medical Center - Bay Area, Bellin Health Partners, Northreach Healthcare
Marquette	ThedaCare Medical Center - Berlin, ThedaCare Medical Center - Wild Rose	ThedaCare Physicians
Milwaukee	Aurora Sinai, Aurora St. Luke's, Aurora St. Luke's South Shore, Aurora West Allis	Aurora Medical Group
Monroe	Gundersen Lutheran, Gundersen St. Joseph's	Gundersen Health System
Oconto	Bellin Health Oconto Hospital	Aurora Medical Group, Bellin Health Partners
Outagamie	ThedaCare Regional Medical Center-Appleton	Aurora Medical Group, ThedaCare Physicians
Ozaukee	Aurora Medical Center Grafton	Aurora Medical Group
Racine	Aurora Memorial of Burlington	Aurora Medical Group
Sauk	UW Hospital and Clinics, Reedsburg Area Medical Center	UW Health System, Reedsburg Area Medical Center
Shawano	ThedaCare Medical Center-Shawano	Aurora Medical Group, Bellin Health Partners, ThedaCare Physicians
Sheboygan	Aurora Sheboygan Memorial Medical Center	Aurora Medical Group
Trempealeau	Gundersen Tri-County Hospital and Clinics	Gundersen Tri-County Hospital and Clinics, Gundersen Health System
Vernon	Gundersen St. Joseph's Hospital and Clinics	Gundersen Health System, Gundersen St. Joseph's Hospital and Clinics
Walworth	Aurora Lakeland Medical Center	Aurora Medical Group
Washington	Aurora Medical Center Washington Co.	Aurora Medical Group
Waukesha	Aurora Summit, Oconomowoc Memorial, Waukesha Memorial	Aurora Medical Group
Waupaca	ThedaCare Medical Center-New London, ThedaCare Medical Center-Waupaca	Aurora Medical Group, ThedaCare Physicians
Waushara	ThedaCare Medical Center-Wild Rose	ThedaCare Physicians
Winnebago	Aurora Medical Center-Oshkosh, ThedaCare Regional Medical Center-Neenah	Aurora Medical Group, ThedaCare Physicians



First Health Complementary Network

Comprehensive access to health care providers nationwide

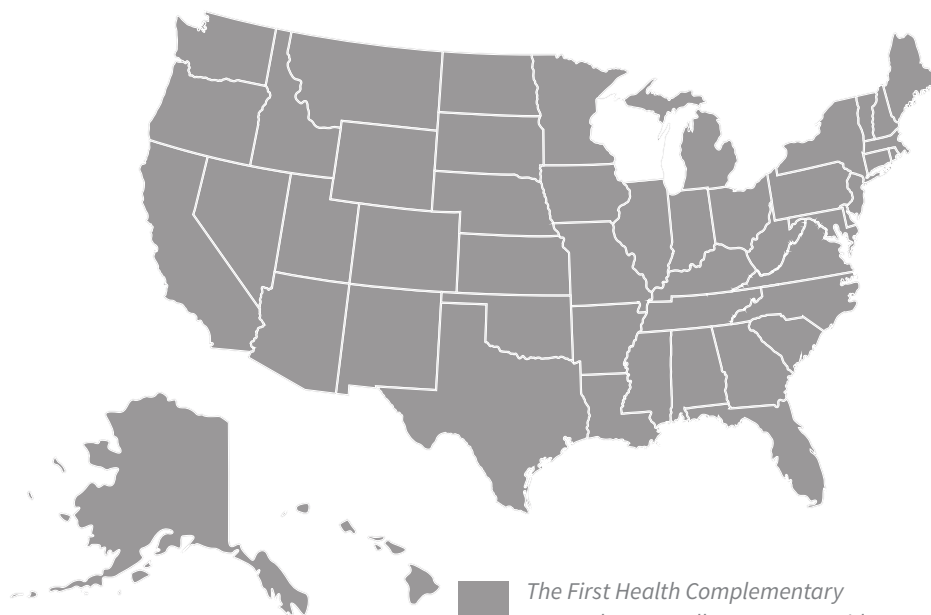
Group members can enjoy access to in-network benefits when they visit First Health providers in 49 states outside Wisconsin, as well as Puerto Rico. First Health features more than 5,000 hospitals, 90,000 ancillary facilities, and 1 million health care service locations. First Health functions as a wrap network for members living or traveling outside of Wisconsin.

First Health Wrap providers

Visit AspirusHealthPlan.com/Group, click on **Find a Doctor** in the upper right corner, enter your **Group Number**, and click **Go**.

Visitors

If you are visiting our website, go to AspirusHealthPlan.com/Group, click on **Find a Doctor** in the upper right corner, and if you agree, click the **I Agree** button. You'll be taken to a search page where you can search for a health care provider.



The First Health Complementary Network covers all 49 states outside Wisconsin.

If you choose to receive care from a non-participating provider, you will incur higher out-of-pocket costs.

Visit AspirusHealthPlan.com/Group
and click on **Find a Doctor**



ASPIRUS[®]
HEALTH PLAN



Merrill Area School District
Outline of Benefits - \$2,000/\$4,000 HMO
Effective July 1, 2021

PROVISION/BENEFIT	PARTICIPATING PROVIDERS SIGNATURE NETWORK What you pay	NON-PARTICIPATING PROVIDERS What you pay
Deductible		
Single Coverage	\$2,000	Not Applicable
Family Coverage	\$4,000	Not Applicable
Coinsurance		
Coinsurance	0%	Not Applicable
Annual Out-of-Pocket Limit (includes deductibles and all copayments)		
Single Coverage	\$4,000	Not Applicable
Family Coverage	\$8,000	Not Applicable
PROVISION/BENEFIT	PARTICIPATING PROVIDERS SIGNATURE NETWORK What you pay	NON-PARTICIPATING PROVIDERS What you pay
Ambulance services** - <i>prior authorization required on non-emergency transports</i>	Deductible	Participating Provider Deductible
Anesthesia services	Deductible	Not Covered
Behavioral health (includes services for substance abuse disorders and nervous and mental disorders)		
Office visit services	Deductible	Not Covered
Outpatient/Transitional services	Deductible	Not Covered
Inpatient services**	Deductible	Not Covered
Chiropractic office visit/manipulations	Deductible	Not Covered
Contraceptives	0% <i>(deductible waived)</i>	Not Covered
Diagnostic x-ray and laboratory services**	Deductible	Not Covered
Durable medical equipment**	Deductible	Not Covered
Emergency room - visit charge only <i>copayment waived if admitted</i>	Deductible, then \$200 copayment	Deductible, then \$200 copayment
Emergency room services	Deductible	Participating Provider Deductible
Home care - limited to 40 visits per year	Deductible	Not Covered
Hospital inpatient services**	Deductible	Not Covered
Immunizations	0% <i>(deductible waived)</i>	Not Covered
Injections - outpatient	Deductible	Not Covered
Kidney disease treatment	Deductible	Not Covered
Maternity services		
Hospital services	Deductible	Not Covered
Physician services	Deductible	Not Covered
Medical supplies	Deductible	Not Covered
Nutritional counseling	0% <i>(deductible waived)</i>	Not Covered
Office visits -		
Primary Care Practitioner & Specialist Office Visits	Deductible	Not Covered
Preventive Care Services* - <i>includes routine eye exams for children and adults</i>	0% <i>(deductible waived)</i>	Not Covered



Merrill Area School District
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Effective July 1, 2021

PROVISION/BENEFIT	PARTICIPATING PROVIDERS SIGNATURE NETWORK What you pay	NON-PARTICIPATING PROVIDERS What you pay
Surgical services	Deductible	Not Covered
Telehealth visits (through MDLIVE)	Deductible	Not Covered
Therapy visits - (physical/speech/occupational)		
-Office setting	Deductible	Not Covered
-Home or outpatient hospital setting	Deductible	Not Covered
Transplant Services**	Deductible	Not Covered
Urgent Care	Deductible	Participating Provider Deductible
All other health care services - unless otherwise stated in your Plan	Deductible	Not Covered
Covered Drugs and Covered Supplies		
Prescription drugs and certain diabetic supplies		
Drugs and covered supplies dispensed by a non-participating pharmacy are not covered		
Copayments apply after deductible	Retail pharmacy 30-day supply	Retail & Mail Order 31-90 day supply
TIER 1:	\$10	\$25
TIER 2:	\$40	\$100
TIER 3:	\$80	\$200
SPECIALTY MEDICATIONS**:	25% to \$250	Not Applicable
Preventive drugs - as required by the Affordable Care Act and defined in the Plan Also includes additional preventive drugs at no cost to you. <i>(refer to \$0 Drug List for details)</i>	0% (deductible and copayments waived)	
Limitations	Retail and Mail Order: 90-day supply Specialty drugs and chemotherapy drugs: 30-day supply Smoking Cessation: Limited to 180-day supply per calendar year	
Mandatory generic and Step therapy	Applicable - This plan requires use of generic drugs. If an employee/eligible member chooses a brand-named drug when an equivalent generic drug is available, he/she must pay the difference in cost between the brand-name and generic equivalent, plus any applicable brand-name copayment. The difference, if any, is not applied to any out-of-pocket maximum. <u><i>This provision is waived if a physician specifically instructs to "dispense as written."</i></u>	
Specialty Drugs:	Specialty drugs are prescription legend drugs that we determine to be: (a) associated with a high level of clinical management and/or patient monitoring; (b) associated with special handling or distribution requirements; or (c) generally high cost.	

This is a brief summary of benefits - finalized benefits will take precedence over any benefit information presented in this outline. See the Certificate of Coverage for complete details.

*Includes preventive screenings as required by the United States Preventive Services Task Force (USPSTF)


** Some services may require prior authorization. Please go to our website www.aspirushealthplan.com for further information or call Aspirus Health Plan at 1-866-631-5404.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.aspirushealthplan.com or call 1-866-631-5404. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-631-5404 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>For participating providers: \$2,000/Single Coverage or \$4,000/Family Coverage</p>	<p>Generally, you must pay all of the costs from providers, up to the deductible amount before this plan begins to pay. If you have other family members on the plan, the overall family deductible must be met before the plan begins to pay.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. Preventive care services are covered before you meet your deductible.</p>	<p>This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment, or coinsurance, may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You do not have to meet deductibles for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>For participating providers: \$4,000/Single Coverage or \$8,000/Family Coverage</p>	<p>The out-of-pocket is the most you could pay in a year for covered services. If you have other family members in this plan, the overall family out-of-pocket limits must be met before the plan begins to pay.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Premiums, balance-billing charges, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>
<p>Will you pay less if you use a network provider?</p>	<p>Yes. See www.aspirushealthplan.com/group or call 1-866-631-5404 for a list of network providers.</p>	<p>This plan uses a provider network. You will pay the least if you use a provider in plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</p>
<p>Do you need a referral to see a specialist?</p>	<p>No.</p>	<p>You can see the participating specialist you choose without a referral.</p>

* For more information about limitations and exceptions, see the plan or policy document at www.aspirushealthplan.com.

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information*	
		Participating Provider Signature Network (You will pay the least)	Non-Participating Provider (You will pay the most)		
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	Not covered	0% coinsurance for telehealth services through our approved participating telehealth provider. Non-participating telehealth providers are not covered. 0% coinsurance for chiropractor -----None-----	
		Specialist visit	0% coinsurance		Not covered
If you have a test	Preventive care/screening/immunization	No charge	Not covered	You may have to pay for services that aren't preventive care . Ask your provider if the services you need are preventive care . Then check what your plan will pay for.	
		Diagnostic test (x-ray, blood work)	0% coinsurance		Not covered
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.aspirushealthplan.com/group	Imaging (CT/PET scans, MRIs)	0% coinsurance	Not covered	Certain genetic tests and high-technology imaging require prior authorization . Benefits may not be payable if you do not obtain prior authorization . Provider means pharmacy for purposes of this section. The copayments apply after the deductible has been satisfied. Covers up to a 90-day supply retail/90-day supply mail order. If brand is dispensed when a generic is available, you are responsible for the cost difference between the brand and generic which does not count toward your out-of-pocket limit . This provision is waived if a physician instructs to "dispense as written." Drugs provided by an entity other than a pharmacy require prior authorization . Benefits may not be payable if you do not obtain prior authorization . Certain preventive medications are covered at 100% with no deductible and coinsurance .	
		Tier 1	\$10 copayment (30-day supply)/\$25 copayment (31 to 90-day supply) – both retail and mail order		Not covered
		Tier 2	\$40 copayment (30-day supply)/\$100 copayment (31 to 90-day supply) – both retail and mail order		Not covered
	Tier 3	\$80 copayment (30-day supply)/\$200 copayment (31 to 90-day supply) – both retail and mail order	Not covered		

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.aspirushealthplan.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information*
		Participating Provider Signature Network (You will pay the least)	Non-Participating Provider (You will pay the most)	
	Specialty drugs	25% of the drug up to a \$250 copayment per prescription (limited to 30-day supply)	Not covered	Specialty drugs are always limited to a 30-day supply and require prior authorization . Benefits may not be payable if you do not obtain prior authorization .
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	Not covered	-----None-----
	Physician/surgeon fees	0% coinsurance	Not covered	-----None-----
If you need immediate medical attention	Emergency room care	\$200 copayment , then 0% coinsurance	\$200 copayment , then 0% coinsurance	\$200 copayment waived if admitted
	Emergency medical transportation	0% coinsurance	0% coinsurance	-----None-----
	Urgent care	0% coinsurance	0% coinsurance	-----None-----
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	Not covered	All non-emergent inpatient hospital stays require prior authorization . Benefits may not be payable if you do not obtain prior authorization .
	Physician/surgeon fees	0% coinsurance	Not covered	All non-emergent inpatient hospital stays require prior authorization . Benefits may not be payable if you do not obtain prior authorization .
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% coinsurance	Not covered	All non-emergent inpatient hospital stays require prior authorization . Benefits may not be payable if you do not obtain prior authorization .
	Inpatient services	0% coinsurance	Not covered	
	Office visits	0% coinsurance	Not covered	Cost-sharing does not apply to certain preventive services . Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). All non-emergent inpatient hospital stays require prior authorization . Benefits may not be payable if you do not obtain prior authorization .
	Childbirth/delivery professional services	0% coinsurance	Not covered	
If you are pregnant	Childbirth/delivery facility services	0% coinsurance	Not covered	

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.aspirushealthplan.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information*
		Participating Provider Signature Network (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need help recovering or have other special health needs	Home health care	0% coinsurance	Not covered	Coverage is limited to 40 visits per covered person/year.
	Rehabilitation services	0% coinsurance	Not covered	None-----
	Habilitation services	0% coinsurance	Not covered	Coverage is limited to 60 days per confinement in a skilled nursing facility.
	Skilled nursing care	0% coinsurance	Not covered	All non-emergent admissions require prior authorization . Benefits may not be payable if you do not obtain prior authorization . Prior authorization required for: <ul style="list-style-type: none"> • All CPAP/BIPAP purchases and rentals • Rentals over \$750/month and purchases over \$1,000 • All other rentals as stated on our website www.aspirushealthplan.com Benefits may not be payable if you do not obtain prior authorization .
If your child needs dental or eye care	Durable medical equipment	0% coinsurance	Not covered	Hospice services require prior authorization . Benefits may not be payable if you do not obtain prior authorization .
	Hospice services	0% coinsurance	Not covered	None-----
	Children's eye exam	No charge	Not covered	None-----
	Children's glasses	Not covered	Not covered	Not covered
	Children's dental check-up	Not covered	Not covered	Not covered

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.aspirushealthplan.com.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

- | | | |
|--|---|--|
| <ul style="list-style-type: none">• Acupuncture• Bariatric surgery• Cosmetic surgery• Infertility treatment | <ul style="list-style-type: none">• Long Term Care• Non-emergency care when travelling outside the U.S.• Private Duty Nursing | <ul style="list-style-type: none">• Routine Foot Care (unless associated with a specific medical diagnosis)• Weight loss programs |
|--|---|--|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan document](#).)

- | | | |
|---|---|---|
| <ul style="list-style-type: none">• Chiropractic care | <ul style="list-style-type: none">• Dental care (adult), limited to certain oral surgical procedures, treatment of an injury, and extraction of teeth and sealants on existing teeth related to treatment of neoplastic disease | <ul style="list-style-type: none">• Hearing aids, limited to the cost of one hearing aid, per ear, for each member under age 18 every three years.• Hearing aids (adult), limited to one per lifetime• Routine eye care, limited to eye exams |
|---|---|---|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: for the U.S. Department of Labor, Employee Benefits Security Administration 1-866-444-3272 or www.dol.gov/ebsa, or the Department of Health and Human Services at 1-877-267-2323 x61565 or www.cajio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact Aspirus Health Plan at 1-866-631-5404. You may also contact your state insurance department at 1-800-236-8517 or the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-631-5404 (TTY: 1-866-631-8597)

Hmong (LUS CEEV): Yog tias koj hais lus Hmoob, cov kev pub txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-631-5404 (TTY: 1-866-631-8597)

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码1-866-631-5404 (TTY: 1-866-631-8597)

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-631-5404 (TTY: 1-866-631-8597)

Navajo (Dine): Dinekehgo shika atohwol ninisingo, kwijijigo holne' 1-866-631-5404 (TTY: 1-866-631-8597)

_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* _____

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.aspirushealthplan.com.



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's overall deductible](#) \$2,000
- [Specialist coinsurance](#) 0%
- [Hospital \(facility\) coinsurance](#) 0%
- [Other coinsurance](#) 0%

This EXAMPLE event includes services like:

[Specialist office visits \(prenatal care\)](#)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
[Diagnostic tests \(ultrasounds and blood work\)](#)
[Specialist visit \(anesthesia\)](#)

Total Example Cost \$12,800

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$2,000

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's overall deductible](#) \$2,000
- [Specialist coinsurance](#) 0%
- [Hospital \(facility\) coinsurance](#) 0%
- [Other coinsurance](#) 0%

This EXAMPLE event includes services like:

[Primary care physician office visits \(including disease education\)](#)
[Diagnostic tests \(blood work\)](#)
[Prescription drugs](#)
[Durable medical equipment \(glucose meter\)](#)

Total Example Cost \$7,400

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$2,000

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's overall deductible](#) \$2,000
- [Specialist coinsurance](#) 0%
- [Hospital \(facility\) coinsurance](#) 0%
- [Other coinsurance](#) 0%

This EXAMPLE event includes services like:

[Emergency room care \(including medical supplies\)](#)
[Diagnostic test \(x-ray\)](#)
[Durable medical equipment \(crutches\)](#)
[Rehabilitation services \(physical therapy\)](#)

Total Example Cost \$1,900

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,900
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



Non-Discrimination and Language Access Policy

Aspirus Health Plan, Inc. (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.

Aspirus Health Plan:

Provides 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)

Provides 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, call us at the phone number on the attached correspondence, your ID card, or the number listed on **AspirusHealthPlan.com**.

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 a grievance with:

Aspirus Health Plan
Attn: Nondiscrimination Grievance Coordinator
PO Box 1062
Minneapolis, MN 55440
Emails: G&A@AspirusHealthPlan.com

You can file a grievance in person, by mail, or by 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 ocrportal.hhs.gov/ocr/portal/lobby.jsf; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; or by phone at 1-800-368-1019, TTY: 1-800-537-7697. Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Aspirus Health Plan Language Access Policy

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 بنا على رقم الهاتف 1-866-631-5404 (رقم هاتف الصم والبكم: 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: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-631-5404 (TTY: 1-866-631-8597) पर कॉल करें।

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 nang walang 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 [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-631-5404 (TTY: 1-866-631-8597).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,

ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີອັດຕະໂນຳ. ໂທ 1-866-631-5404 (TTY: 1-866-631-8597)..

Freedom Network

Group Health Plans



Flexibility to choose care

The Freedom Network is comprised of First Health providers in Wisconsin.* This provides more choice and greater flexibility. Employers who elect our level-funded, large group fully-insured, and self-funded plans are eligible for access to the Freedom Network.

The Freedom Network also offers:

- ▶ More than 48 specialties
- ▶ Comprehensive network of outpatient centers and physician clinics
- ▶ Home health care and hospice services
- ▶ Ambulatory surgery services

Ascension Hospitals in Wisconsin

- ▶ Ascension Eagle River Hospital
- ▶ Ascension Good Samaritan Hospital (Merrill)
- ▶ Ascension Our Lady of Victory Hospital (Stanley)
- ▶ Ascension St. Michael's Hospital (Stevens Point)
- ▶ Ascension Sacred Heart Hospital (Tomahawk)
- ▶ Ascension St. Mary's Hospital (Rhinelanders)
- ▶ Howard Young Medical Center at Woodruff Wisconsin

Aspirus Hospitals in Wisconsin

- ▶ Aspirus Medford Hospital
- ▶ Aspirus Wausau Hospital
- ▶ Aspirus Langlade Hospital (Antigo)
- ▶ Aspirus Riverview Hospital (Wisconsin Rapids)
- ▶ Aspirus Divine Savior (Portage)

Aspirus Hospitals in Michigan's Upper Peninsula

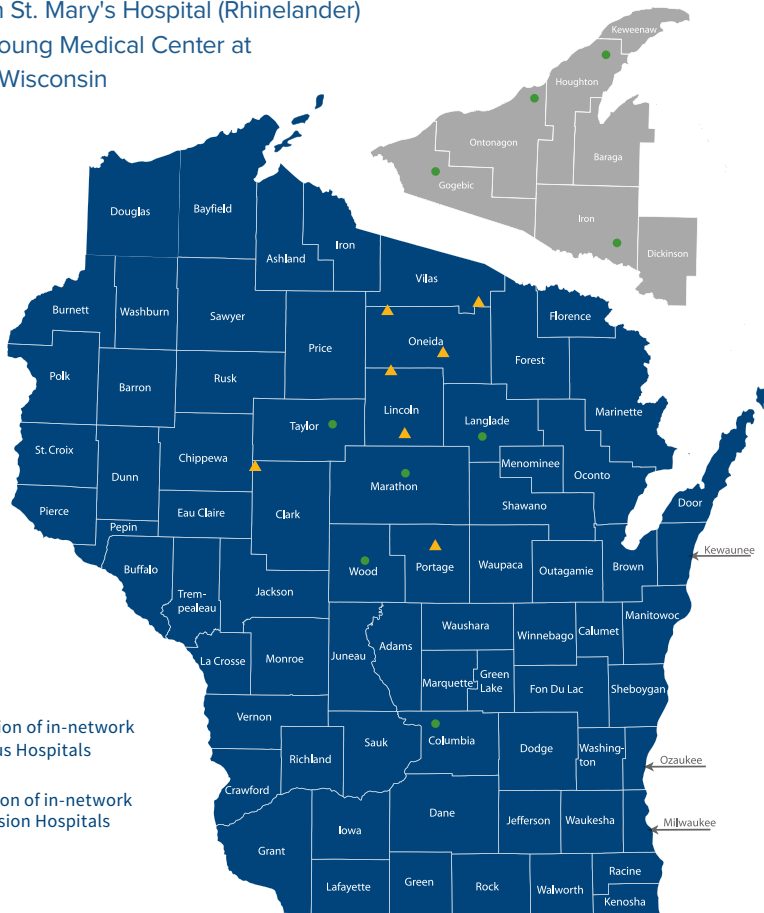
- ▶ Aspirus Ironwood Hospital
- ▶ Aspirus Keweenaw Hospital (Laurium)
- ▶ Aspirus Ontonagon Hospital
- ▶ Aspirus Iron River Hospital

Other In-Network Hospitals

- ▶ Aurora Health Care
- ▶ Bellin Health
- ▶ Children's Hospital of Wisconsin
- ▶ Froedtert
- ▶ Gundersen Health System
- ▶ Holy Family Memorial
- ▶ Marshfield Clinic Medical Center's
- ▶ Mayo Clinic Health System
- ▶ ThedaCare Medical Center's
- ▶ UW Health

Aspirus Health Plan offers plans and products to businesses who reside in the following 20 Wisconsin counties:

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



- Location of in-network Aspirus Hospitals
- ▲ Location of in-network Ascension Hospitals

Providers are subject to change. Please visit our online Find a Doctor tool to find current information and to confirm that specific providers are in network. If you would like to select an Aspirus primary care practitioner, please call 833.811.4176.

*The Freedom Network is comprised of providers that are contracted through Aspirus Health Plan's Signature Network in Wisconsin, as well as, any other Wisconsin based providers in the First Health Network.



First Health Complementary Network

Comprehensive access to health care providers nationwide

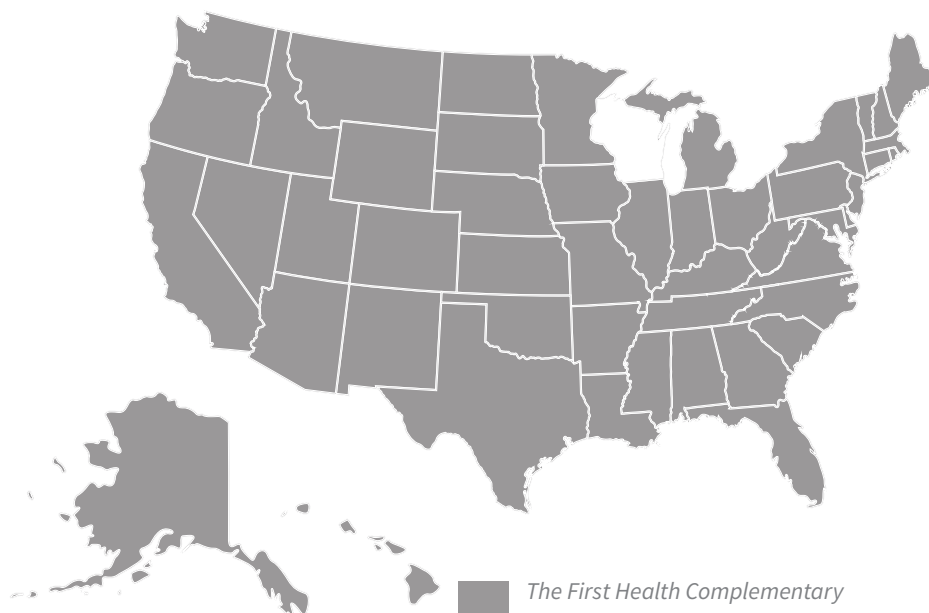
Group members can enjoy access to in-network benefits when they visit First Health providers in 49 states outside Wisconsin, as well as Puerto Rico. First Health features more than 5,000 hospitals, 90,000 ancillary facilities, and 1 million health care service locations. First Health functions as a wrap network for members living or traveling outside of Wisconsin.

First Health Wrap providers

Visit AspirusHealthPlan.com/Group, click on **Find a Doctor** in the upper right corner, enter your **Group Number**, and click **Go**.

Visitors

If you are visiting our website, go to AspirusHealthPlan.com/Group, click on **Find a Doctor** in the upper right corner, and if you agree, click the **I Agree** button. You'll be taken to a search page where you can search for a health care provider.



If you choose to receive care from a non-participating provider, you will incur higher out-of-pocket costs.

Visit AspirusHealthPlan.com/Group
and click on **Find a Doctor**



Merrill Area Public Schools
Outline of Benefits - \$2,000/\$4,000 Freedom Network (Point-of-Service Plan)
Effective July 1, 2021

PROVISION/BENEFIT	PARTICIPATING PROVIDERS FREEDOM NETWORK What you pay	NON-PARTICIPATING PROVIDERS What you pay
Deductible*		
Single Coverage	\$2,000	\$4,000
Family Coverage	\$4,000	\$8,000
Coinsurance		
Coinsurance	0%	20%
Annual Out-of-Pocket Limit (includes deductibles and all copayments)*		
Single Coverage	\$4,000	\$8,000
Family Coverage	\$8,000	\$16,000
PROVISION/BENEFIT	PARTICIPATING PROVIDERS FREEDOM NETWORK What you pay	NON-PARTICIPATING PROVIDERS What you pay
Ambulance services*** - <i>prior authorization required on non-emergency transports</i>	Deductible	Participating Provider Deductible
Anesthesia services	Deductible	Deductible and Coinsurance
Behavioral health (includes services for substance abuse disorders and nervous and mental disorders) Office visit services Outpatient/Transitional services Inpatient services***	Deductible Deductible Deductible	Deductible and Coinsurance Deductible and Coinsurance Deductible and Coinsurance
Chiropractic office visit/manipulations	Deductible	Deductible and Coinsurance
Contraceptives	0% <i>(deductible waived)</i>	Deductible and Coinsurance
Diagnostic x-ray and laboratory services**	Deductible	Deductible and Coinsurance
Durable medical equipment***	Deductible	Deductible and Coinsurance
Emergency room - visit charge only <i>copayment waived if admitted</i>	Deductible, then \$200 copayment	Participating Provider Deductible, then \$200 copayment
Emergency room services	Deductible	Participating Provider Deductible
Home care - limited to 40 visits per year	Deductible	Deductible and Coinsurance
Hospital inpatient services***	Deductible	Deductible and Coinsurance
Immunizations	0% <i>(deductible waived)</i>	Deductible and Coinsurance
Injections - outpatient	Deductible	Deductible and Coinsurance
Kidney disease treatment	Deductible	Deductible and Coinsurance
Maternity services Hospital services Physician services	Deductible Deductible	Deductible and Coinsurance Deductible and Coinsurance
Medical supplies	Deductible	Deductible and Coinsurance
Nutritional counseling	0% <i>(deductible waived)</i>	Deductible and Coinsurance
Office visits - Primary Care Practitioner & Specialist Office Visits	Deductible	Deductible and Coinsurance
Preventive Care Services** - <i>includes routine eye exams for children and adults</i>	0% <i>(deductible waived)</i>	Deductible and Coinsurance



Merrill Area Public Schools
Outline of Benefits - \$2,000/\$4,000 Freedom Network (Point-of-Service Plan)
Effective July 1, 2021

PROVISION/BENEFIT	PARTICIPATING PROVIDERS FREEDOM NETWORK What you pay	NON-PARTICIPATING PROVIDERS What you pay
Surgical services	Deductible	Deductible and Coinsurance
Telehealth visits (through MDLIVE)	Deductible	Not Covered
Therapy visits - (physical/speech/occupational)		
-Office setting	Deductible	Deductible and Coinsurance
-Home or outpatient hospital setting	Deductible	Deductible and Coinsurance
Transplant Services***	Deductible	Deductible and Coinsurance
Urgent Care	Deductible	Participating Provider Deductible
All other health care services - unless otherwise stated in your Plan	Deductible	Deductible and Coinsurance
Covered Drugs and Covered Supplies		
Prescription drugs and certain diabetic supplies		
<i>Drugs and covered supplies dispensed by a non-participating pharmacy are not covered</i>		
Copayments apply after deductible	Retail pharmacy 30-day supply	Retail & Mail Order 31-90 day supply
TIER 1:	\$10	\$25
TIER 2:	\$40	\$100
TIER 3:	\$80	\$200
SPECIALTY MEDICATIONS***:	25% to \$250	Not Applicable
Preventive drugs - as required by the Affordable Care Act and defined in the Plan Also includes additional preventive drugs at no cost to you. <i>(refer to \$0 Drug List for details)</i>	0% (deductible and copayments waived)	
Limitations	Retail and Mail Order: 90-day supply Specialty drugs and chemotherapy drugs: 30-day supply Smoking Cessation: Limited to 180-day supply per calendar year	
Mandatory generic and Step therapy	Applicable - This plan requires use of generic drugs. If an employee/eligible member chooses a brand-named drug when an equivalent generic drug is available, he/she must pay the difference in cost between the brand-name and generic equivalent, plus any applicable brand-name copayment. The difference, if any, is not applied to any out-of-pocket maximum. <i>This provision is waived if a physician specifically instructs to "dispense as written."</i>	
Specialty Drugs:	Specialty drugs are prescription legend drugs that we determine to be: (a) associated with a high level of clinical management and/or patient monitoring; (b) associated with special handling or distribution requirements; or (c) generally high cost.	

This is a brief summary of benefits - finalized benefits will take precedence over any benefit information presented in this outline. See the Certificate of Coverage for complete details.

*Participating provider deductible and out-of-pocket limits do not credit toward non-participating provider limits and vice-versa.

**Includes preventive screenings as required by the United States Preventive Services Task Force (USPSTF)

*** Some services may require prior authorization. Please go to our website www.aspirushealthplan.com for further information or call Aspirus Health Plan at 1-866-631-5404.



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.aspirushealthplan.com or call 1-866-631-5404. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossary at <https://www.healthcare.gov/sbc-glossary> or call 1-866-631-5404 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>For participating <u>providers</u>: \$2,000/Single Coverage or \$4,000/Family Coverage; For non-participating <u>providers</u>: \$4,000/Single Coverage or \$8,000/Family Coverage</p>	<p>Generally, you must pay all of the costs from <u>providers</u>, up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u>, the overall family <u>deductible</u> must be met before the <u>plan</u> begins to pay. Participating <u>provider</u> and non-participating <u>provider deductible</u> amounts are separate and do not credit toward one another.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. <u>Preventive care</u> services are covered before you meet your <u>deductible</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u>, or <u>coinsurance</u>, may apply. For example, this <u>plan</u> covers certain preventive services without cost-sharing and before you meet your <u>deductible</u>. See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You do not have to meet <u>deductibles</u> for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>For participating <u>providers</u>: \$4,000/Single Coverage or \$8,000/Family Coverage; For non-participating <u>providers</u>: \$8,000/Single Coverage or \$16,000/Family Coverage</p>	<p>The <u>out-of-pocket</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, the overall family <u>out-of-pocket limits</u> must be met before the <u>plan</u> begins to pay. Participating <u>provider</u> and non-participating <u>provider out-of-pocket limit</u> amounts are separate and do not credit toward one another.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p><u>Premiums</u>, <u>balance-billing</u> charges, and health care this <u>plan</u> doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.aspirushealthplan.com.

Important Questions	Answers	Why This Matters:
<p>Will you pay less if you use a network provider?</p>	<p>Yes. See www.aspirushealthplan.com/group or call 1-866-631-5404 for a list of network providers.</p>	<p>This plan uses a provider network. You will pay the least if you use a provider in plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</p>
<p>Do you need a referral to see a specialist?</p>	<p>No.</p>	<p>You can see the participating specialist you choose without a referral.</p>

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information*
		Participating Provider Freedom Network (You will pay the least)	Non-Participating Provider (You will pay the most)	
<p>If you visit a health care provider's office or clinic</p>	<p>Primary care visit to treat an injury or illness</p>	<p>0% coinsurance</p>	<p>0% coinsurance for telehealth services through our approved participating telehealth provider. Non-participating telehealth providers are not covered.</p>	
		<p>0% coinsurance</p>	<p>None-----</p>	
		<p>No charge</p>	<p>You may have to pay for services that aren't preventive care. Ask your provider if the services you need are preventive care. Then check what your plan will pay for.</p>	
	<p>Preventive care/screening/immunization</p>	<p>0% coinsurance</p>	<p>Certain genetic tests and high-technology imaging require prior authorization. Benefits may not be payable if you do not obtain prior authorization.</p>	
	<p>0% coinsurance</p>	<p>20% coinsurance</p>		
<p>If you have a test</p>	<p>Diagnostic test (x-ray, blood work)</p>	<p>0% coinsurance</p>		
	<p>Imaging (CT/PET scans, MRIs)</p>	<p>0% coinsurance</p>	<p>20% coinsurance</p>	

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.aspirushealthplan.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information*
		Participating Provider Freedom Network (You will pay the least)	Non-Participating Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about prescription drug coverage is available at www.aspirushealthplan.com/group</p>	Tier 1	\$10 copayment (30-day supply)/\$25 copayment (31 to 90-day supply) – both retail and mail order	Not covered	<p>Provider means pharmacy for purposes of this section.</p> <p>The copayments apply after the deductible has been satisfied.</p> <p>Covers up to a 90-day supply retail/90-day supply mail order. If brand is dispensed when a generic is available, you are responsible for the cost difference between the brand and generic which does not count toward your out-of-pocket limit. This provision is waived if a physician instructs to “dispense as written.”</p> <p>Drugs provided by an entity other than a pharmacy require prior authorization. Benefits may not be payable if you do not obtain prior authorization.</p> <p>Certain preventive medications are covered at 100% with no deductible and coinsurance.</p>
	Tier 2	\$40 copayment (30-day supply)/\$100 copayment (31 to 90-day supply) – both retail and mail order	Not covered	
	Tier 3	\$80 copayment (30-day supply)/\$200 copayment (31 to 90-day supply) – both retail and mail order	Not covered	
<p>If you have outpatient surgery</p>	<p>Specialty drugs</p>	25% of the drug up to a \$250 copayment per prescription (limited to 30-day supply)	Not covered	<p>Specialty drugs are always limited to a 30-day supply and require prior authorization. Benefits may not be payable if you do not obtain prior authorization.</p>
	<p>Facility fee (e.g., ambulatory surgery center)</p> <p>Physician/surgeon fees</p>	<p>0% coinsurance</p> <p>0% coinsurance</p>	<p>20% coinsurance</p> <p>20% coinsurance</p>	<p>None-----</p> <p>None-----</p>

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.aspirushealthplan.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information*
		Participating Provider Freedom Network (You will pay the least)	Non-Participating Provider (You will pay the most)	
If you need immediate medical attention	Emergency room care	\$200 copayment , then 0% coinsurance	\$200 copayment , then 0% coinsurance	\$200 copayment waived if admitted
	Emergency medical transportation	0% coinsurance	0% coinsurance	None-----
	Urgent care	0% coinsurance	0% coinsurance	None-----
If you have a hospital stay	Facility fee (e.g., hospital room)	0% coinsurance	20% coinsurance	All non-emergent inpatient hospital stays require prior authorization . Benefits may not be payable if you do not obtain prior authorization .
	Physician/surgeon fees	0% coinsurance	20% coinsurance	All non-emergent inpatient hospital stays require prior authorization . Benefits may not be payable if you do not obtain prior authorization .
If you need mental health, behavioral health, or substance abuse services	Outpatient services	0% coinsurance	20% coinsurance	All non-emergent inpatient hospital stays require prior authorization . Benefits may not be payable if you do not obtain prior authorization .
	Inpatient services	0% coinsurance	20% coinsurance	Cost-sharing does not apply to certain preventive services . Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e., ultrasound). All non-emergent inpatient hospital stays require prior authorization . Benefits may not be payable if you do not obtain prior authorization .
	Office visits	0% coinsurance	20% coinsurance	
If you are pregnant	Childbirth/delivery professional services	0% coinsurance	20% coinsurance	
	Childbirth/delivery facility services	0% coinsurance	20% coinsurance	
	Home health care	0% coinsurance	20% coinsurance	Coverage is limited to 40 visits per covered person/year.
If you need help recovering or have other special health needs	Rehabilitation services	0% coinsurance	20% coinsurance	
	Habilitation services	0% coinsurance	Not covered	None-----
	Skilled nursing care	0% coinsurance	20% coinsurance	Coverage is limited to 60 days per confinement in a skilled nursing facility. All non-emergent admissions require prior authorization . Benefits may not be payable if you do not obtain prior authorization .

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.aspirushealthplan.com.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information*
		Participating Provider Freedom Network (You will pay the least)	Non-Participating Provider (You will pay the most)	
	Durable medical equipment	0% coinsurance	20% coinsurance	<p>Prior authorization required for:</p> <ul style="list-style-type: none"> • All CPAP/BIPAP purchases and rentals • Rentals over \$750/month and purchases over \$1,000 • All other rentals as stated on our website www.aspirushealthplan.com <p>Benefits may not be payable if you do not obtain prior authorization.</p>
	Hospice services	0% coinsurance	20% coinsurance	<p>Hospice services require prior authorization. Benefits may not be payable if you do not obtain prior authorization.</p>
If your child needs dental or eye care	Children's eye exam	No charge	20% coinsurance	-----None-----
	Children's glasses	Not covered	Not covered	Not covered
	Children's dental check-up	Not covered	Not covered	Not covered

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.aspirushealthplan.com.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other [excluded services](#).)

- | | | |
|--|--|--|
| <ul style="list-style-type: none">• Acupuncture• Bariatric surgery• Cosmetic surgery• Infertility treatment | <ul style="list-style-type: none">• Long Term Care• Non-emergency care when traveling outside the U.S.• Private Duty Nursing | <ul style="list-style-type: none">• Routine Foot Care (unless associated with a specific medical diagnosis)• Weight loss programs |
|--|--|--|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan document](#).)

- | | | |
|---|---|---|
| <ul style="list-style-type: none">• Chiropractic care | <ul style="list-style-type: none">• Dental care (adult), limited to certain oral surgical procedures, treatment of an injury, and extraction of teeth and sealants on existing teeth related to treatment of neoplastic disease | <ul style="list-style-type: none">• Hearing aids, limited to the cost of one hearing aid, per ear, for each member under age 18 every three years.• Hearing aids (adult), limited to one per lifetime• Routine eye care, limited to eye exams |
|---|---|---|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: for the U.S. Department of Labor, Employee Benefits Security Administration 1-866-444-3272 or www.dol.gov/ebsa, or the Department of Health and Human Services at 1-877-267-2323 x61565 or www.cajio.cms.gov. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information on how to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact Aspirus Health Plan at 1-866-631-5404. You may also contact your state insurance department at 1-800-236-8517 or the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform.

Does this plan provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-866-631-5404 (TTY: 1-866-631-8597)

Hmong (LUS CEEV): Yog tias koj hais lus Hmoob, cov kev pub txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-631-5404 (TTY: 1-866-631-8597)

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-866-631-5404 (TTY: 1-866-631-8597)

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-866-631-5404 (TTY: 1-866-631-8597)

Navajo (Dine): Dinekehgo shika atohwol ninisingo, kwijijigo holne' 1-866-631-5404 (TTY: 1-866-631-8597)

_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next section.* _____

* For more information about limitations and exceptions, see the [plan](#) or policy document at www.aspirushealthplan.com.



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$2,000
- [Specialist coinsurance](#) 0%
- [Hospital \(facility\) coinsurance](#) 0%
- [Other coinsurance](#) 0%

This EXAMPLE event includes services like:

- [Specialist](#) office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- [Diagnostic tests](#) (*ultrasounds and blood work*)
- [Specialist](#) visit (*anesthesia*)

Total Example Cost \$12,800

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Peg would pay is	\$2,000

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$2,000
- [Specialist coinsurance](#) 0%
- [Hospital \(facility\) coinsurance](#) 0%
- [Other coinsurance](#) 0%

This EXAMPLE event includes services like:

- [Primary care physician](#) office visits (*including disease education*)
- [Diagnostic tests](#) (*blood work*)
- [Prescription drugs](#)
- [Durable medical equipment](#) (*glucose meter*)

Total Example Cost \$7,400

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles	\$2,000
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Joe would pay is	\$2,000

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$2,000
- [Specialist coinsurance](#) 0%
- [Hospital \(facility\) coinsurance](#) 0%
- [Other coinsurance](#) 0%

This EXAMPLE event includes services like:

- [Emergency room care](#) (*including medical supplies*)
- [Diagnostic test](#) (*x-ray*)
- [Durable medical equipment](#) (*crutches*)
- [Rehabilitation services](#) (*physical therapy*)

Total Example Cost \$1,900

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles	\$1,900
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



Non-Discrimination and Language Access Policy

Aspirus Health Plan, Inc. (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.

Aspirus Health Plan:

Provides 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)

Provides 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, call us at the phone number on the attached correspondence, your ID card, or the number listed on **AspirusHealthPlan.com**.

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 a grievance with:

Aspirus Health Plan
Attn: Nondiscrimination Grievance Coordinator
PO Box 1062
Minneapolis, MN 55440
Emails: G&A@AspirusHealthPlan.com

You can file a grievance in person, by mail, or by 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 ocrportal.hhs.gov/ocr/portal/lobby.jsf; by mail at U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201; or by phone at 1-800-368-1019, TTY: 1-800-537-7697. Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Aspirus Health Plan Language Access Policy

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 بنا على رقم الهاتف 1-866-631-5404 (رقم هاتف الصم والبكم: 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: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-631-5404 (TTY: 1-866-631-8597) पर कॉल करें।

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 nang walang 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 [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-866-631-5404 (TTY: 1-866-631-8597).

Lao: ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ,

ໂດຍບໍ່ຄ່າ, ແມ່ນມີອັດຕະໂນຳ. ໂທ 1-866-631-5404 (TTY: 1-866-631-8597)..

Preventive Services

No-cost care helps you stay on top of your health



Aspirus Health Plan puts an emphasis on keeping you healthy. We include a 100% benefit for preventive services when performed by a participating provider. This means no deductible, copay or maximum dollar limit for routine exams and preventive services. We are proud to offer a range of services to our members, including all preventive services rated A or B by the United States Preventive Services Task Force (USPSTF). For a complete list of covered preventive services, please visit the USPSTF website (uspreventiveservicestaskforce.org) or call Member Services at **866.631.5404, Monday through Friday, 7 a.m. to 7 p.m.**

Preventive Services	Participating Providers	Non-Participating Providers
Routine physical exams (Including pelvic exams, pap smears, or related routine diagnostic services)	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
Well-child care (Including related routine diagnostic services)	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
Routine immunizations As recommended by the Advisory Committee on Immunization Practices. Immunizations for travel purposes are not covered.	100% coverage, no cost-sharing	POS plans: 100% coverage, no cost-sharing HMO plans: No benefits
Mammograms Covered expenses include one routine screening exam per calendar Year (3D included). A routine screening mammogram is a specific procedure performed for detection of a clinically unrevealed disease. A diagnostic mammogram is a specific procedure performed when the covered person has a symptom or history of breast abnormality or cancer. One mammogram covered at 100% per year regardless of billed as preventive or diagnostic.	100% coverage, no cost-sharing	POS plans: 100% coverage, no cost-sharing HMO plans: no benefits
Screening colonoscopies/sigmoidoscopy/fecal occult blood testing Covered expenses include routine screening exam for covered persons subject to appropriate time intervals provided in the most current guidelines from the USPSTF. A routine screening colonoscopy is a procedure performed for detection of a clinically unrevealed disease. Routine screening colonoscopies are considered preventive. A diagnostic colonoscopy is a procedure performed when the covered person has a symptom or history of colon abnormality, polyps, or cancer. Diagnostic colonoscopies are not considered preventive and are subject to the covered person's deductible and coinsurance. Routine and diagnostic colonoscopies are covered in-network without cost sharing. One colonoscopy per covered member per two-year period, regardless of billed as diagnostic or preventive.	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
Bone density test to screen for osteoporosis Covered expenses include routine screening exam for covered persons age 65 and over.	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
Routine hearing screening exam	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
Routine vision screening exams including refractions*	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
Screening tests for lead exposure	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
Abdominal aortic aneurysm screening	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits

Preventive Services, continued	Participating Providers	Non-Participating Providers
<p>Pregnancy screenings including, but not limited to:</p> <ul style="list-style-type: none"> • Hepatitis • Asymptomatic bacteriuria • Rh incompatibility • Syphilis • Iron deficiency anemia • Gonorrhea • Chlamydia 	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
<p>Screening and intervention services (including counseling and education) for:</p> <ul style="list-style-type: none"> • Genetic testing for breast and ovarian cancer • Breastfeeding • Tobacco use and diseases caused by tobacco use • Alcohol use 	100% coverage, no cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits
<p>Preventive care drug**</p> <p>Means a prescription drug whose routine use is rated A or B by the USPSTF. These drugs require a written prescription order from a practitioner and are limited to the following:</p> <ul style="list-style-type: none"> • Aspirin for the prevention of cardiovascular disease (ages 50-69) and after 12 weeks of gestation in women who are at high risk for preeclampsia • Fluoride supplements for children older than six months • Folic acid for women planning or capable of pregnancy • Oral contraceptives, contraceptive patches, contraceptive vaginal rings, and contraceptive devices • Nicotine replacements and covered drugs used for smoking cessation if the covered person is age 18 or over • Vitamin D if the covered person is age 65 or over and is at an increased risk for falls • Risk-reducing medications, such as tamoxifen or raloxifene, for women who are at increased risk for breast cancer and at low risk for adverse medication effects • Low/moderate-dose statins (ages 40-75) with at least one cardiovascular disease risk factor and a 10-year calculated risk of at least 10% 	100% coverage, no cost-sharing	No benefits
<p>Preventive services for women, as recommended by the Health Resources and Services Administration:</p> <ul style="list-style-type: none"> • Screening for gestational diabetes in pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes • High-risk human papilloma virus DNA testing in women age 30 and older with normal cytology results; screening is limited to once every three years • Annual counseling on sexually transmitted infections for all sexually active women • Annual counseling and screening for HIV infection for all sexually active women • All FDA-approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity • Comprehensive lactation support and counseling by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment • Annual screening and counseling for interpersonal and domestic violence 	100% coverage, cost-sharing	POS plans: cost-sharing out of network HMO plans: no benefits

The above preventive services are covered subject to the terms and conditions set forth in your Aspirus Health Plan Certificate of Coverage. Age-appropriate screenings are set by the United States Preventive Services Task Force and are subject to change. For further questions, please contact Aspirus Health Plan Member Services at **866.631.5404, Monday through Friday, 7 a.m. to 7 p.m.**

*Vision exams are not part of the USPSTF list but are covered for small and large groups.

**Additional preventive drugs available on some plans.



Get Easy Access to Your Prescription Benefits with Navitus' Mobile App

Enjoy greater convenience at your fingertips! With our mobile app you can:

- Compare medication prices to find the lowest cost option for you
- Locate the most convenient network pharmacies
- Save your preferred pharmacies for quick and easy access
- See medication and benefit information
- Access your member ID card
- View and manage your current medications

Our mobile app features easy registration, simple navigation, and an innovative, user-friendly design to help you navigate your prescription benefits. Plus, you'll gain access to all of the helpful information you need to make informed decisions about your prescriptions and continue on the path to improved health.

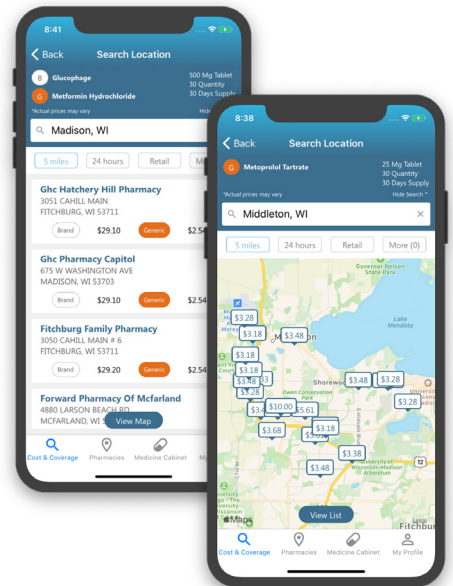
For Mobile App Account Assistance Contact Customer Care:

1.844.268.9789

Open 24 hours a day, 7 days a week

Download the Navitus Prescription Benefits mobile app today!*

*Registration is simple and secure and may require your member ID. The app is available to iOS and Android users. You must be 18 years or older and currently covered under Navitus' pharmacy benefit plan. Hover your phone's camera over the code to download the app.



Price data is for display purposes only





Details about your prescription drug plan.

Your health plan includes prescription medication coverage through **Navitus Health Solutions**. If you have questions, you can call the customer service phone number located on the back of your member ID card.

Finding drug and pharmacy information

1

ASPIRUS HEALTH PLAN

Find a Doctor | Contact Us

COVID-19 INFORMATION

SIGN IN OR REGISTER

MEMBERS • AGENTS • EMPLOYERS • PROVIDERS • PLANS & PRODUCTS • PHARMACY • QUOTES

For a wide range of plans covering all seasons of life. We've got you.

What kind of Plan are you looking?

Medicare Advantage Plans

Group and Individual Plans

Access to a quality network plus nice-to-haves like 24 primary care.

Coverage at reasonable prices - whether you're an employer or on your own.

- visit AspirusHealthPlan.com
- click **Group and Individual Plans**

2

ASPIRUS HEALTH PLAN

Find a Doctor | Contact Us

COVID-19 INFORMATION

SIGN IN OR REGISTER

MEMBERS • AGENTS • EMPLOYERS • PROVIDERS • PLANS & PRODUCTS • PHARMACY • QUOTES

Aspirus Arise is now Aspirus Health Plan!

You know the Aspirus name. In Wisconsin, it stands for trust. It stands for care. And it stands for community. And while the name Aspirus Health Plan is new, our commitment to our state and our people is not.

INDIVIDUAL PLANS

SMALL GROUP PLANS

LARGE GROUP PLANS

Select coverage for yourself or your family

Get health insurance for 2-50 employees

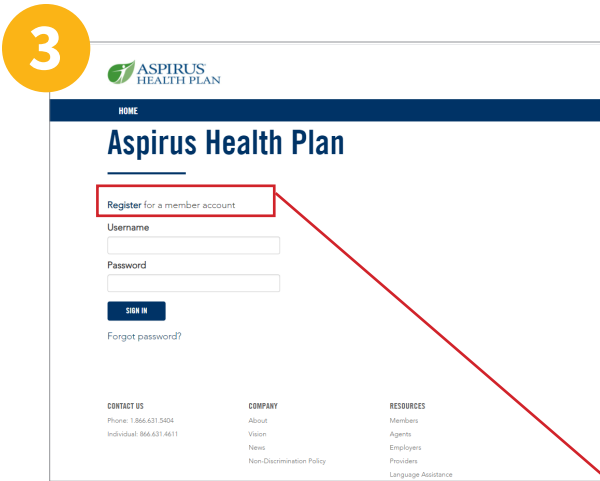
Choose a plan for 51 or more employees

SHOP PLANS

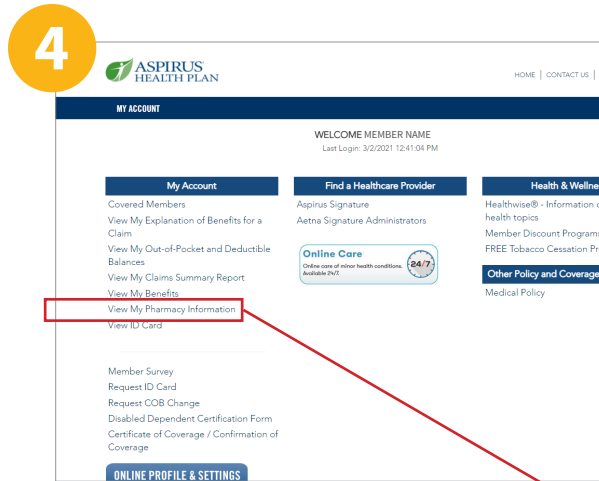
SHOP PLANS

SHOP PLANS

- click **SIGN IN OR REGISTER**
(Note: You will need your ID card)



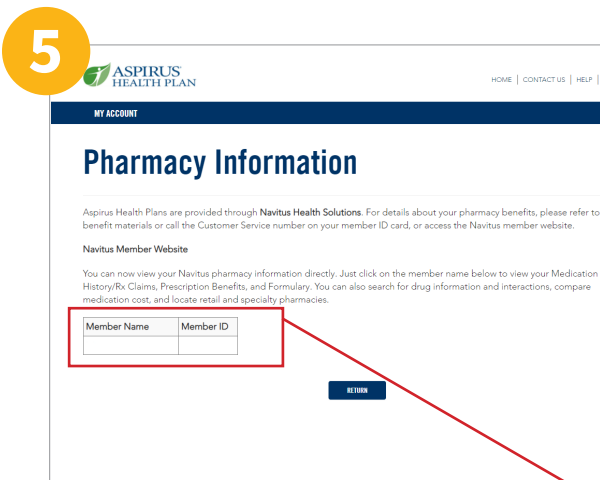
- click **Register** to create a member account
(Note: You will need your ID card.)



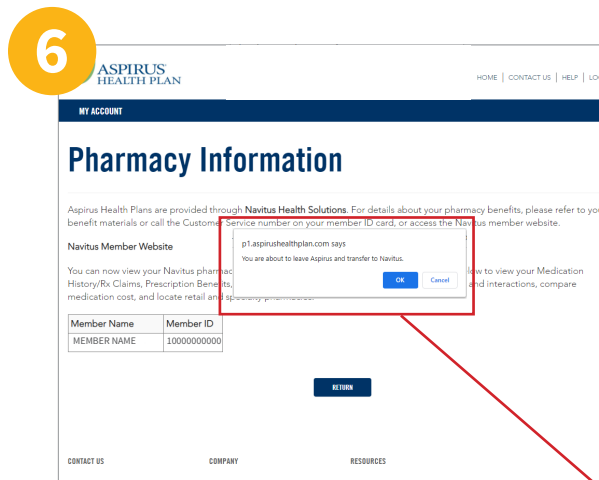
- click **View My Pharmacy Information**
(You will need your ID card.)

Already have an account

- enter your user name and password
- click **SIGN IN**



- enter your Member Name and Member ID
(Note: These are found on your ID card.)
- click **RETURN**

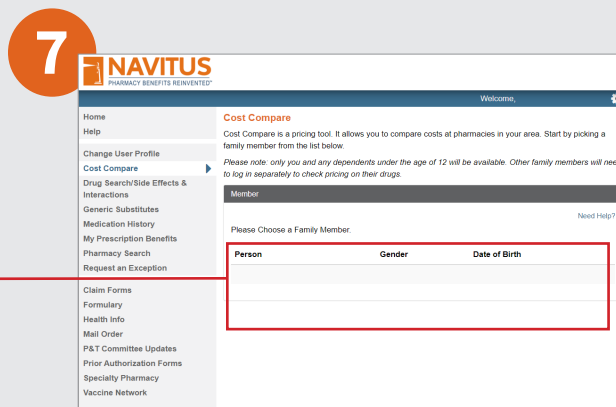


- you will be redirected to Navitus website
- click **OK**

Compare Costs and Pharmacy Locator

- click **Cost Compare**
- click the appropriate family member
(NOTE: these are listed as subscriber, spouse, dependant)

from there you will be able to compare drugs, their costs and find a pharmacy





High Deductible Health Plans Preventive Drug List

Updated February 2021

Your employer is making an effort to reduce your health care costs by giving you tools to help you stay healthy and productive. Below are the medications your employer has chosen to be included on your Preventive Drug List. These medications help protect against or manage some high risk medical conditions. Taking these medications as directed by your prescriber can help avoid serious health problems. That may mean fewer doctor visits and hospitalizations, reducing your total health care costs.

In the drug list below, generic drugs are shown in lowercase type. Brand name drugs are shown in uppercase type.

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ADVAIR DISKUS
ADVAIR HFA INHALER
ARNUITY ELLIPTA INHALER
ASMANEX HFA INHALER
ASMANEX INHALER
BREO ELLIPTA INHALER

budesonide inh susp
DULERA INHALER
FLOVENT DISKUS INHALER
FLOVENT HFA INHALER

ANTIDEPRESSANTS

citalopram soln
citalopram tab
escitalopram soln
escitalopram tab
fluoxetine cap
fluoxetine soln
fluoxetine tab
paroxetine tab

sertraline conc
sertraline tab

ANTIDIABETICS

BYDUREON BCISE AUTO INJ
BYDUREON INJ
BYDUREON PEN INJ
FIASP FLEXTOUCH INJ
FIASP INJ
FIASP PENFILL INJ
glimepiride tab
glipizide ER tab
glipizide tab
glipizide/metformin tab
glyburide micronized tab
glyburide tab
glyburide/metformin tab
HUMULIN R INJ U-500
HUMULIN R U-500 KWIKPEN INJ
INSULIN ASPART FLEXPEN INJ
INSULIN ASPART INJ
INSULIN ASPART MIX FLEXPEN INJ

- Note: The list is subject to change and not all drugs listed may be covered on your formulary. Please refer to your Navitus formulary for a complete list of covered products.



INSULIN ASPART MIX INJ
 INSULIN ASPART PENFILL INJ
 LANTUS INJ
 LANTUS SOLOSTAR INJ
 LEVEMIR FLEXTOUCH INJ
 Levemir Inj
 metformin ER tab
 metformin tab
 NOVOLIN 70/30 FLEXPEN INJ
 NOVOLIN INJ
 NOVOLIN N FLEXPEN INJ
 NOVOLIN R FLEXPEN INJ
 NOVOLOG FLEXPEN INJ
 NOVOLOG INJ
 NOVOLOG MIX FLEXPEN INJ
 NOVOLOG MIX INJ
 NOVOLOG PENFILL INJ
 OZEMPIC INJ
 pioglitazone tab
 RYBELSUS TAB
 TOLAZAMIDE TAB
 TOLBUTAMIDE TAB
 TOUJEO MAX SOLOSTAR INJ
 TOUJEO SOLOSTAR INJ
 TRESIBA FLEXTOUCH INJ
 TRESIBA INJ
 TRULICITY INJ
 VICTOZA INJ

ANTIHYPERTENSIVES

atorvastatin tab 10mg
 atorvastatin tab 20mg
 atorvastatin tab 40mg
 atorvastatin tab 80mg
 lovastatin tab
 pravastatin tab

rosuvastatin tab 10mg
 rosuvastatin tab 20mg
 rosuvastatin tab 40mg
 rosuvastatin tab 5mg
 simvastatin tab

ANTIHYPERTENSIVES

amlodipine/benazepril cap
 atenolol/chlorthalidone tab
 benazepril tab
 benazepril/hydrochlorothiazide tab
 bisoprolol/hydrochlorothiazide tab
 captopril tab
 CAPTOPRIL/HYDROCHLOROTHIAZIDE
 TAB
 enalapril tab
 enalapril/hydrochlorothiazide tab
 fosinopril tab
 fosinopril/hydrochlorothiazide tab
 lisinopril tab
 lisinopril/hydrochlorothiazide tab
 METOPROLOL/HYDROCHLOROTHIAZIDE
 TAB
 moexipril
 MOEXIPRIL/HYDROCHLOROTHIAZIDE
 TAB
 PROPRANOLOL/
 HYDROCHLOROTHIAZIDE TAB
 quinapril tab
 quinapril/hydrochlorothiazide tab
 ramipril cap
 trandolapril tab

BETA BLOCKERS

atenolol tab
 betaxolol tab

- Note: The list is subject to change. Please always refer to your Navitus formulary for a complete list of covered products.



bisoprolol tab
carvedilol tab
labetalol tab
metoprolol ER
metoprolol tab
nadolol tab
pindolol tab
propranolol ER cap
PROPRANOLOL SOLN
propranolol tab

ENDOCRINE AND METABOLIC AGENTS -
MISC.

alendronate tab
ALENDRONATE TAB 40MG

-
- Note: The list is subject to change. Please always refer to your Navitus formulary for a complete list of covered products.

MDLIVE.com/AspirusHealthPlan

Virtual care, anywhere. 24/7 access to Board Certified Doctors, Therapists and Dermatologists.

MDLIVE is an alternative to traditional health care. Board certified doctors can visit with you either by phone at 800.657.6169 or secure video to help treat any non-emergency medical conditions such as a fever or pink eye. Licensed behavioral health therapists offer online video therapy sessions, on your schedule from wherever you're located.

How it Works

1. Activate your account. Sign up online at MDLIVE.com/AspirusHealthPlan.
2. Choose a doctor. Select from a large network of board-certified doctors.
3. Receive care when you need it.

General Health

\$50/visit* or less

Acne
Allergies
Constipation
Cough
Diarrhea
Ear Problems
Fever
Flu
Headache
Insect Bites
Nausea
Pink eye
Rash
Respiratory problems
Sore throats
Urinary problems/UTI
Vaginitis
Vomiting
and more!

Counseling

\$90/visit* or less

Addictions
Bipolar disorders
Depression
Eating disorders
LGBTQ support
Grief and loss
Men's issues
Panic disorders
Stress
Trauma and PTSD
Women's issues
and more!

Psychiatry

\$250/visit* or less

Addictions
Bipolar disorders
Depression
Eating disorders
LGBTQ support
Grief and loss
Men's issues
Panic disorders
Stress
Trauma and PTSD
Women's issues
and more!

Dermatology

\$59/visit* or less

Acne
Alopecia
Cold sores
Eczema
Insect bites
Moles
Psoriasis
Rashes
Rosacea
Suspicious spots
Warts
and more!



Meet Sophie

Your personal health assistant! Sophie makes creating an account quick and easy using your smartphone, anytime, anywhere! **It's easy to register!**



Download the app.

Join for free. Visit a doctor.

* The visit charge may be applied to your credit card at the time of your MDLIVE visit and the claim will be automatically submitted to Aspirus Health Plan. Your credit card will be automatically credited for any Aspirus Health Plan claims payment subject to your Aspirus Health Plan benefits schedule.

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