

UPDATE

2024 Annual Member Newsletter



P.O. Box 395
Wausau, WI 54402

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- ▶ The right care at the right time
- ▶ More than a number: Health screenings by age
- ▶ Comprehensive Care Coordination Services
- ▶ Diabetes and your vision
- ▶ Taking control of the "silent killer" - high blood pressure

Need help finding a doctor?

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. Primary care physicians are usually family practitioners, internal medicine doctors, pediatricians, geriatricians or obstetrician gynecologists who can maintain your health records, help you to prevent or manage chronic conditions and coordinate any specialty care you may require.

If it's been a while since you've seen a doctor, make an appointment for an annual checkup. You can check the provider search at [aspirushealthplan.com](https://www.aspirushealthplan.com) or call Customer Service for assistance.

New to Aspirus Health? Our Welcome Center staff can help you select the provider who best meets your individual health care needs. 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.

Aspirus Health Welcome Center
715.847.2613 or 833.811.4176 (toll-free)

Need an account? Getting started is easy!
myaspirus.org/MyChart/Signup

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Use your online member account for quick access to information

Find the information you need all in one place. Your online member account gives you the flexibility and control to manage your personal information. Clearly labeled tabs take you straight to what matters to you most.

Account information

- Policy
- Billing information
- Claims status
- Explanation of benefits (EOBs)
- Pharmacy information
- Provider network
- Health & wellness topics
- Member discount programs

The screenshot shows the Aspirus Health Plan member account dashboard. At the top left is the Aspirus Health Plan logo. At the top right are links for HOME, CONTACT US, HELP, and LOGOUT. Below the logo is a dark blue header with the text 'MY ACCOUNT'. The main content area is divided into three columns. The left column is titled 'My Account' and contains links for Covered Members, View My Explanation of Benefits for a Claim, View My Out-of-Pocket and Deductible Balances, View My Claims Summary Report, View My Benefits, View My Pharmacy Information, and View ID Card. The middle column is titled 'Find a Healthcare Provider' and contains a link for Aspirus Signature. Below this is a 'MEDICAL COST TOOLS' button with the text 'Compare clinic costs and more'. Underneath is an 'Online Care' button with the text 'Online care of minor health conditions. Available 24/7'. At the bottom of the middle column is a 'Member Communications' section with links for 2023 Renewal Letter (10/2022) and American Rescue Plan - Member Mailing. The right column is titled 'Health & Wellness' and contains links for Healthwise® - Information on over 7,500 health topics, Member Discount Programs, and FREE Tobacco Cessation Program. Below this is another section titled 'Other Policy and Coverage Information' with links for Member's Rights and Responsibilities and Medical Policy.

How to register for your member account

- 1 Have your ID card ready for reference.
- 2 Visit aspirushealthplan.com, click **Sign in**, then **Individual & Group Member Account**. If you agree to the Terms of use, select **I accept**.
- 3 Enter the requested policy information from your ID card on the registration form.
- 4 Create a user ID and easy-to-remember password, and establish your security questions/answers.
- 5 Read the Privacy Policy and, if you agree, check the **I understand and agree** box at the bottom of the page and then click the **Register** button.

How to find your Explanation of Benefits (EOB)

Go to aspirushealthplan.com and **Sign in** to your member account. 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.

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

More resources

For additional information about your health plan visit aspirushealthplan.com. Then select **Member Resources** under the **For Members** tab.

The right care at the right time

The cost of care can vary depending where you go. At Aspirus Health Plan, we want you to get the right care at the right place at the right time. Below is an example of the services available to you and their associated costs, so you can compare the cost of a medical visit — if you have a cough, for example — to see how you can save money.



Nurseline \$

Registered nurses can answer general health questions you may have. The nurseline is available 24/7/365 by calling the number on the back of your card. There is no cost for using this service.



MDLive \$

Connect with board certified doctors, therapists and dermatologists over the phone or via video consult 24/7/365 to receive care for a range of medical conditions. Contact MDLive by calling 888.632.2738, visiting the website at [MDLive.com/aspirushealthplan](https://www.mdlive.com/aspirushealthplan) or downloading their app on the app store.



Primary care office visit \$\$

Schedule an appointment with your first line of defense. Your primary care practitioner (PCP) is often the first to notice small changes in your health that could signal bigger issues.



Walk-in clinic or urgent care visit \$\$

Walk-in and urgent care clinics offer options when your PCP is not available and you can't wait for an appointment to deal with conditions and ailments that are urgent but not life-threatening.



Emergency department visit \$\$\$

Use for serious, acute, life-threatening problems. If you are experiencing an emergency, call 911.



Out-of-area

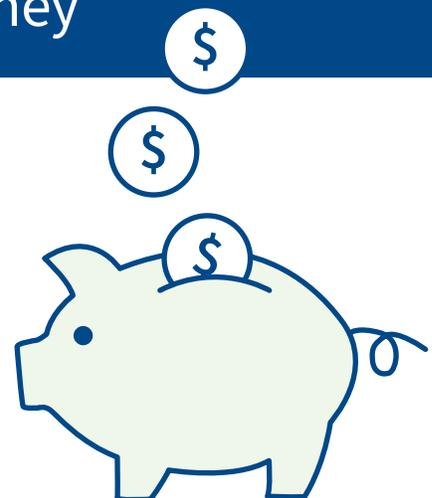
Urgent and Emergency care are covered by Aspirus Health Plan if you are out of the area and need immediate treatment.

To report urgent/emergency care received out of the area or for questions call 866.631.5404 or email customerservice@aspirushealthplan.com

In-network providers save you money

Be sure to choose providers that are in your network. Network providers offer the highest level of coverage and the lowest cost to you. If your network provider refers you to another provider, double check to make sure that provider is also in your network. Your provider network is listed on your member ID card.

You can also call Aspirus Health Plan Customer Service or visit the **Find a Doctor** page under the **For Members** tab at [aspirushealthplan.com](https://www.aspirushealthplan.com). Search for providers by location, name and specialty, board certification, medical residency, and professional qualifications.



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 with Aspirus.

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

* 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.

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 (includes 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)

Health Screening Guidelines*

		Screening	Purpose	20-29	30-39	40-49	50-59	60+
 WOMEN & MEN	Cholesterol, HDL, LDL and triglycerides	Identify people at high risk for coronary artery disease	Every 5 years depending on risk	Every 5 years depending on risk	Every 1-3 years depending on risk	Annually	Annually	
	General Physical Exam	Detect conditions before symptoms develop	Every 2-3 years	Every 2-3 years	Every 2-3 years	Annually	Annually	
	Immunizations	Create immunity against a particular disease	Diphtheria-Tetanus , every 10 years. Rubella , once if necessary (females only). Influenza , annually. Pneumococcal vaccine , once after age 65.					
	Colon Cancer Screening	Detect cancers and growths (polyps) on the inside wall of the colon before they become cancerous				Persons of average risk should begin screening at age 45.		
	Lung Cancer Screening	Detect cancer in high-risk population (based on smoking history).				Talk to your primary care provider to see if you qualify for a low-dose CT scan.		
 WOMEN	Breast Cancer Screening	Detect cancer and precancerous changes			Annually, starting at 40	Annually	Annually	
	Pap Smear	Detect abnormal cells that may become cancerous	Every 3 years	Every 3 years	Every 3 years	Every 3 years	Every 3 years	
	Bone Density	Detect osteoporosis and bone density					Baseline at 60	
 MEN	Prostate Cancer Screening	Detect prostate cancer in the earliest stages				Annually	Annually	
	Testicular Self Exam	Detect testicular cancers, the most common malignancy in American men between ages 15 and 35	Monthly	Monthly				



Comprehensive Care Coordination Services

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. Aspirus Care Coordination can help.

When you connect with Care Coordination, you will be partnered with a RN Complex Care Coordinator 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 Complex Care Coordinator Services

- 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

Get started

Care Coordination is free to anyone enrolled in Aspirus Health Plan. If you're interested, call **715.843.1061** to learn more.



Do you know your copay from your coinsurance?

How about the difference between your maximum out-of-pocket and your deductible? There's no doubt about it: health insurance is complicated. Here are a few terms to help you understand your health coverage better.

Coinsurance. Some health plans require you to share in paying the cost for certain covered services. The percentage you pay is the coinsurance amount. For example, if the health plan pays 80%, you're responsible for paying the remaining 20% (coinsurance) for your coverage.

Copayment. A flat fee you pay for a covered service. For example, you might pay a \$50 copay for every doctor visit.

Deductible. The amount of money you pay each year to cover your eligible medical expenses before your insurance policy starts paying.

Explanation of Benefits (EOB). EOBs are the health insurance company's written explanation of how a claim was processed. They offer detailed information about what the insurer paid and what portion of the costs you must pay. An EOB is not a bill.

Network. The group of health care providers and facilities that a health insurer has contracted with to provide you with health care services at discounted rates. You will generally pay less for services from providers in your network.

Maximum Out-of-Pocket. Sometimes abbreviated as Max OOP or MOOP. The amount that you pay to satisfy your deductible, copayments and coinsurance requirements. What you pay for your premium does not count toward your maximum out-of-pocket. Once the MOOP for the calendar year is met, you will not have to pay any further deductible, copayment or coinsurance amounts for that year. However, there may be other expenses.

There are many more health insurance terms. If you have any questions, Aspirus Health Plan is here to help. Call us at the number on the back of your member ID card.

Diabetes and Your Vision

The Importance of Annual Eye Exams

If you or a loved one has been diagnosed with diabetes, you know the importance of careful management to lower the risk of complications. But did you know that 60% of people with diabetes do not get annual eye exams?

Getting a comprehensive dilated eye exam at least once a year can help protect your vision. The Center for Disease Control estimates that over 90 percent of diabetes-related vision loss could be prevented with early detection during a diabetic eye exam.

Diabetic retinopathy is the most common cause of vision loss for people with diabetes. It occurs when prolonged high blood sugar damages blood vessels in the retina, which can swell and leak, causing blurry vision and vision loss.

Early stages of diabetic retinopathy often don't have symptoms, but the condition gets worse over time. Symptoms of diabetic retinopathy include:

- Blurry or double vision
- Spots or floaters
- Trouble seeing colors
- Shadows or empty areas in your vision
- Trouble seeing at night
- Vision loss
- Eye pain or redness

Scheduling an annual diabetic eye exam can help prevent or delay vision problems that lead to poor vision and even blindness. An exam can also help detect other eye conditions that people with diabetes may be at a higher risk for, such as glaucoma and cataracts.

During the exam, the doctor will use eye drops to dilate your pupils and then measure the fluid pressure inside your eye, check the inside structures, and examine your retina. An eye exam for people with diabetes is different from going to the eye doctor to see if you need glasses, so be sure to share that you have diabetes when you schedule your appointment.

Along with managing your diabetes - controlling your blood sugar, eating healthy, and taking your medicine - having a comprehensive diabetic eye exam at least once a year can detect vision problems early to stop further damage and prevent or delay any vision loss.

Taking Control of the "Silent Killer" - High Blood Pressure

Blood pressure is a measure of how hard the blood pushes against the walls of your arteries as it moves through your body. It's normal for your blood pressure to rise and fall throughout the day, but if it is consistently high it can damage your circulatory system leading to increased risk of heart disease, stroke, and kidney problems.

Also referred to as hypertension, high blood pressure is called the "silent killer" because it has few warning signs or symptoms, and many people do not even know they have it. But in most cases, you can manage your blood pressure and get it under control.

High blood pressure usually develops over time due to a variety of factors. These include aging, drinking too much alcohol, eating a lot of sodium (salt), being overweight, and not exercising. Health conditions, such as diabetes and obesity, can also increase the risk of developing high blood pressure.

Controlling high blood pressure often involves a combination of lifestyle modifications and medical interventions, such as medication. Here are eight effective strategies to help manage and control hypertension:

1. Get regular exercise (30 minutes a day for 5 days a week).
2. If you smoke, quit.
3. Eat a healthy diet that is rich in fruits, vegetables, whole grains.
4. Limit sodium intake.
5. Maintain a healthy weight.
6. Limit alcohol consumption.
7. Manage stress and get enough sleep.
8. See your healthcare provider regularly.

The best way to know if you have hypertension is to get your blood pressure checked. During a routine visit, your doctor will measure your blood pressure. You may also be asked to test it again periodically when you are home. If diagnosed, monitor your blood pressure regularly and follow the treatment plan provided by your health care team.

Blood Pressure Category	Systolic mm Hg (upper number)		Diastolic mm Hg (lower number)
Normal	less than 120	and	less than 80
Elevated	120 - 129	and	less than 80
High Blood Pressure (Hypertension) Stage 1	130-139	or	80-89
High Blood Pressure (Hypertension) Stage 2	140 or higher	or	90 or higher
Hypertensive Crisis (Consult your doctor immediately)	Higher than 180	and/or	Higher than 120



Your prescription benefits are managed by Navitus

Highlights

- 90-day medication supply at retail pharmacy and through mail order program; specialty is limited to a 30-day supply through our specialty vendor, Lumicera.
- Navitus is open 24 hours a day, 7 days a week. Lumicera is open Monday - Thursday: 8 am - 7 pm CT and Friday: 8 am - 6 pm CT, with an after-hours escalation process if needed. Lumicera is the prescription vendor for specialty medications and Navitus handles all other medications.
- Cost comparison available through the member portal. Visit aspirushealthplan.com and **Sign in** to your member account. Then select **View My Pharmacy Information**. You will need to click your name to be linked to the Navitus portal and select **Cost Compare**.

The tool is used to:

- Identify lower cost alternatives
- See suggested alternatives to your prescribed drugs
- Find participating network pharmacies

Mail order can be fulfilled by Aspirus Retail Pharmacies or Postal Prescription Services (PPS).

Aspirus pharmacy nearest you

906.231.8009 (Houghton)

715.748.5800 (Medford)

906.337.6575 (Michigan - Keweenaw)

715.361.4770 (Rhinelander)

715.644.6333 (Stanley)

715.346.0750 (Stevens Point)

715.847.2547 (Wausau)

715.355.9573 (Wausau – Westwood)

Prior authorization

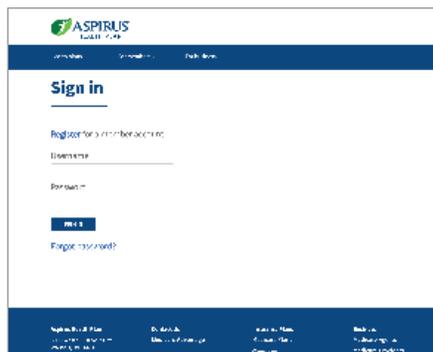
Prior authorization is required for some drugs to ensure they're used appropriately. Decisions are based on medical records, FDA-approved labeling, published and peer-reviewed scientific literature, and evidence-based guidelines.

Visit aspirushealthplan.com and select the **For Members** tab, then select **Pharmacy**. This page includes information and links to drugs that require prior authorization, instructions on how to obtain prior authorization, and a guide to drugs that are preferred by your health plan and offered at lower copay levels.

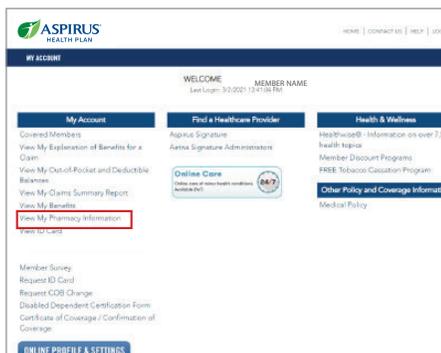
Finding your pharmacy and drug information



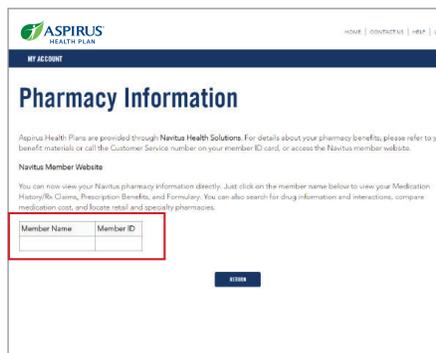
1 visit aspirushealthplan.com click **Sign in**



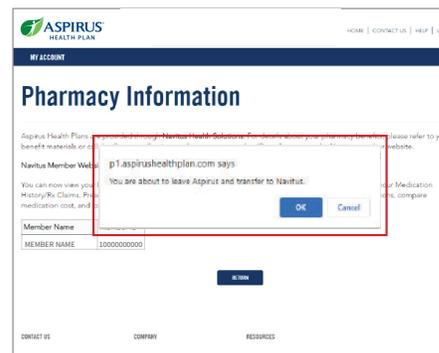
2 enter your user name and password. click **Sign in**



3 click **View My Pharmacy Information**



4 enter your member name and member ID (These are found on your ID card.)
click **RETURN**



5 you will be redirected to Navitus website. click **OK**

7 **Compare Costs and Pharmacy Locator**
click **Cost Compare** select the appropriate family member (these are listed as subscriber, spouse, dependent) from there you will be able to compare drugs, their costs and find a pharmacy



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.



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 certificate.

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.

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

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 Aspirus Health Plan Customer Service at **866.631.8583**. 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.





Appeals and external review

Aspirus Health Plan has various resources to assist you when you have concerns. Most issues can be resolved promptly by contacting a Customer Service representative at the number listed on the back of your ID card.

When concerns cannot be resolved, there are various appeal options available that are specific to your plan. See your Contract or Certificate of Coverage (COC),

through My Account at **aspirushealthplan.com**. The Internal Appeals Process section of your COC provides detailed instructions and guidance to submit an internal appeal. A Customer Service representative is also available to assist in the process by contacting the number on the back of your ID card.

Privacy, rights and responsibilities

Access the notices below by visiting **aspirushealthplan.com** and login to your member account or contact Aspirus Health Plan Customer Service.

Privacy notice

At Aspirus Health Plan we respect the confidentiality of your health information. We are committed to protecting your information in a responsible and secure matter.

Member rights & responsibilities notice

It is our commitment to treat our members in a manner that respects their rights and expectations.

Need help finding a network provider?

Questions about benefits?

Call Customer Service at **866.631.5404**

Monday through Friday, 7 am -7 pm CT
or email

customerservice@aspirushealthplan.com

Language assistance services are available.