

# UPDATE

2022 Annual Member Newsletter



# 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



## How to register for your member account

- 1 Make sure you have your ID card handy.
- 2 Visit [aspirushealthplan.com](http://aspirushealthplan.com), click **Sign in**, and then click **Register**. 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](http://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](http://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](http://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 866.220.3138. 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 800.657.6169, 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

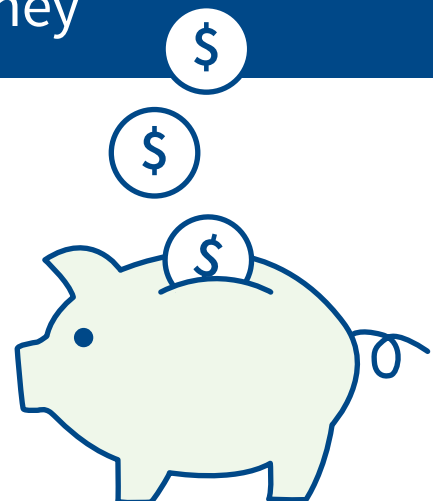
Urgent and Emergency care are covered by Aspirus Health Plan if you are out of the area and need immediate treatment.

To report urgent/emergency care received out of the area or for questions call 866.631.5404 or email [customerservice@aspirushealthplan.com](mailto: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)

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# Now's the time to make your wishes known

No one knows when a crisis will strike, so it is important to make your health care wishes clear beforehand.

An advance directive is a written instruction that you make while you are mentally competent that states how you want your health care decisions to be made if you become incapacitated or cannot express your wishes.

Advance directives are a guide for your physician and other health care professionals. They can relieve your family and friends from the emotional burden of guessing what types of care and treatment you would or would not want to receive.

## How do I begin Advance Care Planning?

- Reflect on your values
- Choose a health care agent
- Explore your goals for treatment
- Complete a written advance directive

Aspirus offers assistance to complete advance directive forms. Go online to [aspirus.org/advance-directives](https://www.aspirus.org/advance-directives) for more information, including helpful videos and a podcast.

With Advance Directive	Without Advance Directive
Someone is legally able to make health care decisions for you if you can't	Someone would have to petition the courts to be your Guardian
Peace of mind	Stressful time
Clarity on what should and what should not be done	Uncertainty of wishes
Reduces conflict among family members	Can cause discord among family members



## 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 out-of-pocket maximum 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.

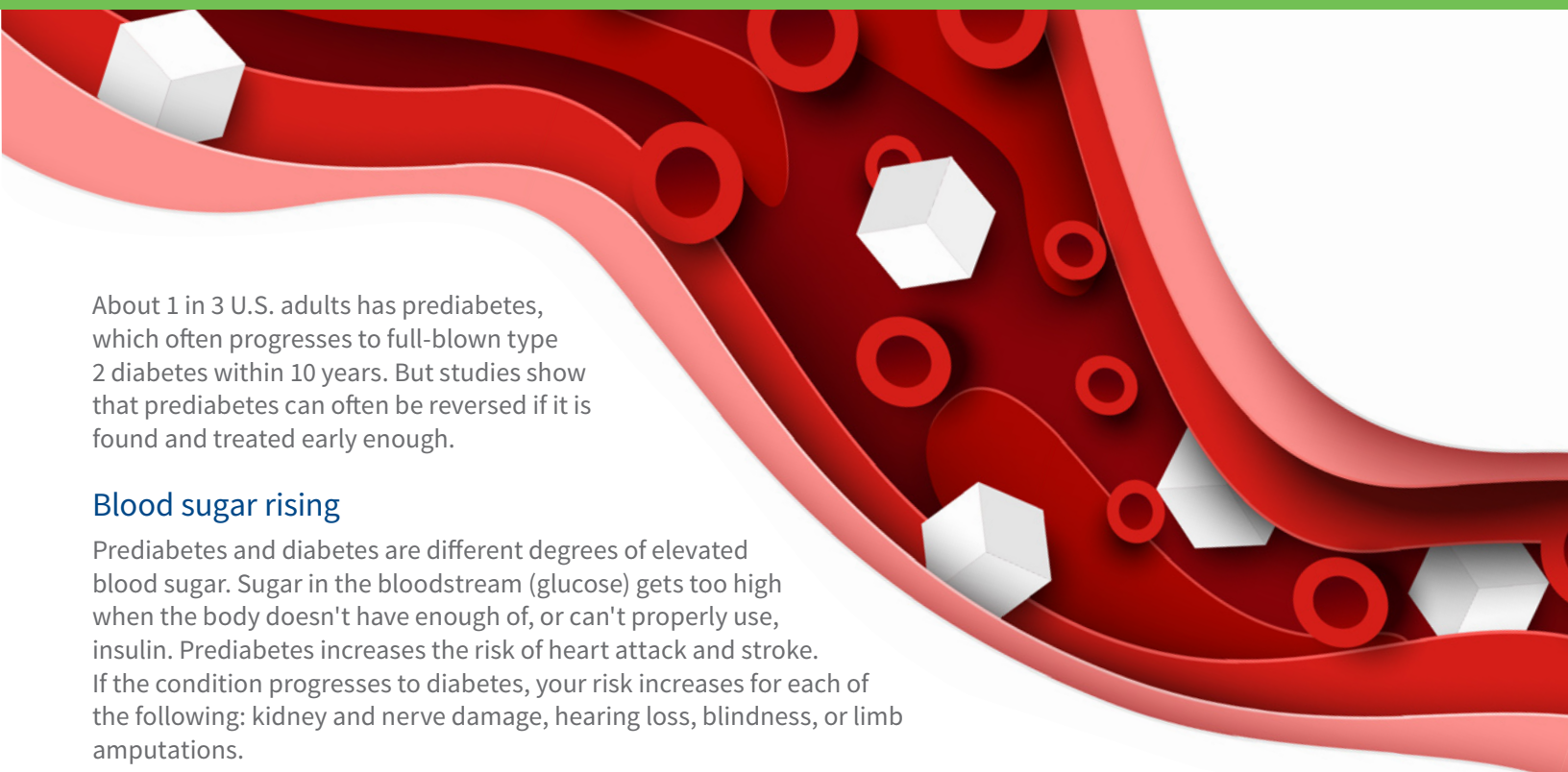
**Explanation of Benefits (EOB).** EOBs are the health insurance company's written explanation of how a claim was processed. They offer detailed information about what the insurer paid and what portion of the costs you must pay. An EOB is not a bill.

**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.

# What is prediabetes?



About 1 in 3 U.S. adults has prediabetes, which often progresses to full-blown type 2 diabetes within 10 years. But studies show that prediabetes can often be reversed if it is found and treated early enough.

## Blood sugar rising

Prediabetes and diabetes are different degrees of elevated blood sugar. Sugar in the bloodstream (glucose) gets too high when the body doesn't have enough of, or can't properly use, insulin. Prediabetes increases the risk of heart attack and stroke. If the condition progresses to diabetes, your risk increases for each of the following: kidney and nerve damage, hearing loss, blindness, or limb amputations.

## Who is at risk?

Prediabetes typically doesn't cause any symptoms, so it's important to be screened if you're 45 or older or have at least one other risk factor including:

- Being overweight
- Having high blood pressure
- Having a parent or sibling with diabetes
- Having a history of gestational diabetes
- Having polycystic ovary syndrome
- Belonging to an ethnic group such as African American, American Indian, Asian American, Hispanic American or Pacific Islander

Prediabetes can be detected with one of three simple tests that measure the body's ability to process glucose which include the fasting glucose test, the oral glucose tolerance test or an A1C test.

Prediabetes can be turned around. But you won't know you have it unless you get screened. If you're at risk, at any age, ask your doctor about getting screened for prediabetes. Small efforts now could save you from a damaging disease later.

## If you have diabetes, these are 7 tips for healthy holiday eating

- Time your medication
- Adjust your menu
- Watch portion sizes
- Circumvent stress
- Eat a healthy snack before parties
- Keep focus off food and watch out for extra calories in drinks
- Remember to exercise





## 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 a.m. - 7 p.m. CT and Friday: 8 a.m. - 6 p.m. 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](https://www.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). If you are interested in signing up please contact the number listed below.

### Aspirus pharmacy nearest you

**Aspirus Wausau Pharmacy:** 715.847.2547

**Aspirus Medford Pharmacy:** 715.748.5800

**Aspirus Houghton & Keweenaw Pharmacies:** 906.337.6575

**Postal Prescription Services:** 800.552.6694

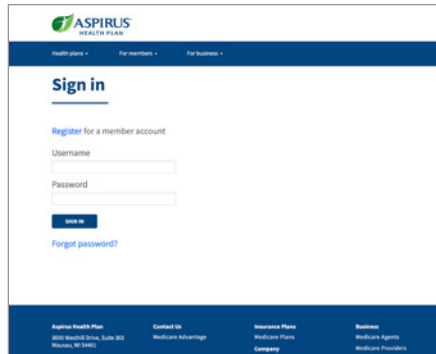
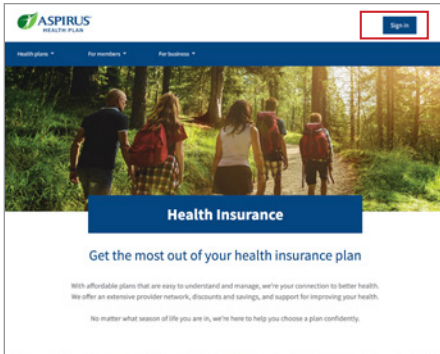
### Prior authorization

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](https://www.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.



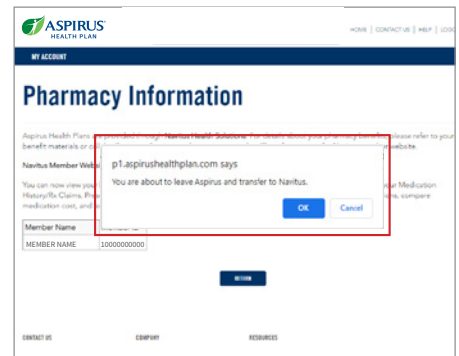
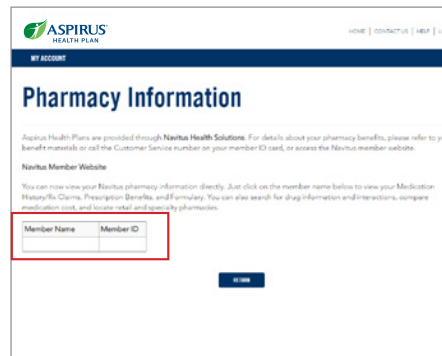
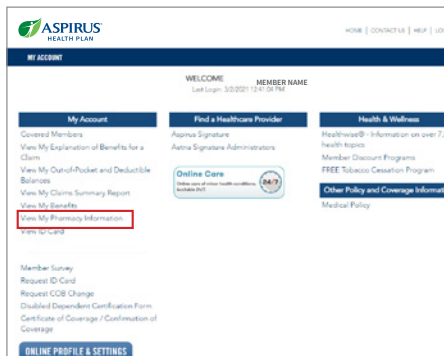
# Finding your pharmacy and drug information



You will need your Member ID card for these next steps

**1** visit [aspirushealthplan.com](http://aspirushealthplan.com) click **Sign in**  
(You will need your ID card)

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

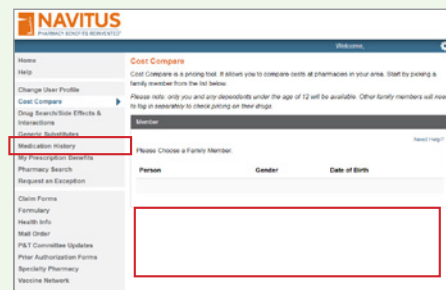


**3** click **View My Pharmacy Information** (You will need your ID card.)

**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 **866.631.5404**. We strive to resolve all complaints verbally; however, you have the option to submit a formal grievance in writing if your complaint is not handled to your satisfaction. The grievance procedure is used to resolve all complaints regarding plan administration or benefit denials. Your grievance will be considered by a review panel consisting of Aspirus Health Plan representatives, a clinical representative, and a member representative.







## 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](https://www.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.

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## Privacy, rights and responsibilities

Access the notices below by visiting [aspirushealthplan.com](https://www.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 a.m.-7 p.m. CT  
or email

**[customerservice@aspirushealthplan.com](mailto:customerservice@aspirushealthplan.com)**

Language assistance services are available.

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P.O. Box 395  
Wausau, WI 54402

Mailing  
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- ▶ The right care at the right time
- ▶ Now's the time to make your wishes known
- ▶ Comprehensive Care Coordination Services
- ▶ What is prediabetes?

## 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.
- ▶ 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](https://myaspirus.org/MyChart/Signup)