

# Plan Highlights



## 2021 Medicare Advantage

Aspirus Health Plan offers plans to Medicare Advantage-eligible individuals in Wisconsin. Three plan options are available.

Aspirus Product	Eligibility	Service Area
Medicare plans: <ul style="list-style-type: none"><li>• Essential RX (PPO)</li><li>• Elite RX (PPO)</li><li>• Elite (PPO)</li></ul>	Must have Medicare Part A & Part B	Wisconsin counties: Adams, Clark, Columbia, Florence, Forest, Iron, Juneau, Langlade, Lincoln, Marathon, Marquette, Oneida, Portage, Price, Shawano, Taylor, Waushara and Wood.

## Resources and Contacts for Providers

### Provider Assistance Center

715-631-7412 | 1-855-931-4851

TTY users 715-631-7413 | 1-855-931-4852

8 am – 5 pm, Monday through Friday

**Please note:** The Provider Assistance Center phone numbers will not be active until Dec. 15, 2020.


[aspirushealthplan.com/medicare/providers/](https://aspirushealthplan.com/medicare/providers/)

Find information and resources related to authorizations, claims and billing, policies and resources, provider profile and credentialing, and the Provider Manual.

### Sign up for updates delivered directly to your email

COMING SOON! Receive Aspirus Health Plan’s provider newsletters, bulletins and alerts by joining our email list at [aspirushealthplan.com/medicare/providers/](https://aspirushealthplan.com/medicare/providers/).

## Member ID Card Sample



aspirushealthplan.com/medicare

Issuer: **80840**  
 Name: **JOHN Q DOE**  
 ID: **123456789**  
 RxBIN: **003858** RxPCN: **MD** RxGrp: **MNUA**  
 RxID: **1235678900**  
 Svc Type: **MEDICAL / DENTAL**  
 Group Number: **xxxxxx**  
 Care Type: **Essential Rx**  
**H6874 001**  
 Medicare Limiting Charges Apply  
**OV \$xx/SP \$xx/UC \$xx/ER\$xxx** Issued: **mm/dd/yyyy**

**FOR MEMBER USE** - For emergency care go to the nearest hospital or call 911.  
 Customer Service, including 24/7 nurse line:  
 715-631-7411 or 1-855-931-4850, TTY 1-855-931-4852  
 Appeals and Grievances: 715-631-7440 or 1-855-931-4858, TTY 1-855-931-4852  
 Delta Dental Customer Services: 612-402-3950, 1-866-298-5520, TTY 1-866-298-5520 / 711  
 Mental Health and Substance Use Disorder Services: 715-631-7442 or 1-855-931-5264  
 TruHearing: 1-844-782-6486 / 711

**FOR PROVIDER USE** - Notify Aspirus Health Plan within 24 hours of admission:  
 715-631-7442, Toll Free: 855-931-5264  
 Provider submit claims to:  
 Non-contracted providers submit claims to:  
 Aspirus Health Plan, P.O. Box 22, Minneapolis, MN 55440-0025  
 Prescription drug claims must be submitted electronically to Express Scripts.  
 Express Scripts Help Desk for Pharmacies: 1-800-922-1557  
 Provider Assistance Center: 715-631-7412 or 1-855-931-4851  
 Chiropractic: Fulcrum Health, Inc., P.O. Box 981808, El Paso, TX 79998-1808  
 Dental: Delta Dental of Minnesota, P.O. Box 9120, Farmington Hills, MI 48333-9120



## Services and Copayments/Coinsurance

In-Network Service	Essential RX	Elite RX	Elite
Primary care visits	\$0 copay	\$0 copay	\$0 copay
Specialist office visits	\$45 copay	\$40 copay	\$40 copay
Diagnostic Tests	\$25 copay	\$0 copay	\$0 copay
Diagnostic X-rays, MRI/CT scans, radiation therapy	20% coinsurance	20% coinsurance	20% coinsurance
Lab services	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital care	\$350 per day (days 1-5), then 100%	\$300 per stay, then 100%	\$300 per stay, then 100%
Worldwide emergency care	\$90 copay for emergency room	\$90 copay for emergency room	\$90 copay for emergency room
Urgent care	\$25 copay	\$25 copay	\$25 copay
Medicare Part D prescription drug coverage	Deductible Tier 1 & 2 = \$0 Tiers 3-5 = \$295	Deductible Tier 1 & 2 = \$0 Tiers 3-5 = \$295	Not Covered
Preventive dental coverage	Routine dental with optional coverage available	Routine dental with optional coverage available	Routine dental with optional coverage available
Vision coverage	\$0 copay for annual routine eye exam \$100 annual eyewear allowance	\$0 copay for annual routine eye exam \$175 annual eyewear allowance	\$0 copay for annual routine eye exam \$175 annual eyewear allowance
Hearing services (through TruHearing, includes annual exam, hearing aid fitting & evaluation)	\$0 copay for annual routine eye exam \$0 copay for hearing aid fitting and evaluation through TruHearing (three per year)	\$0 copay for annual routine eye exam \$0 copay for hearing aid fitting and evaluation through TruHearing (three per year)	\$0 copay for annual routine eye exam \$0 copay for hearing aid fitting and evaluation through TruHearing (three per year)
Out-of-pocket maximum in network	\$5,900 per year	\$4,000 per year	\$4,000 per year