

Employee Guide to Using Your Coverage

Fully-Insured Group Health Plan



Welcome!

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

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

Table of Contents

In Wisconsin – Signature Network.....	3	Health Insurance Terminology	6
Finding Care Outside of Wisconsin	3	Pharmacy Benefits	7
Get Started With Your Member ID Card	4	Prior Authorizations	8
Setting Up Your Online Member Account	4	How Claims Work	9
Make the Most of Your Health Benefits	5	Member Rights and Responsibilities	10
Covered Preventive Services	6	My Aspirus Connects You Directly With Your Aspirus Health Care Provider	11



In Wisconsin

Top-quality network offers easy access

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

Hospitals include

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

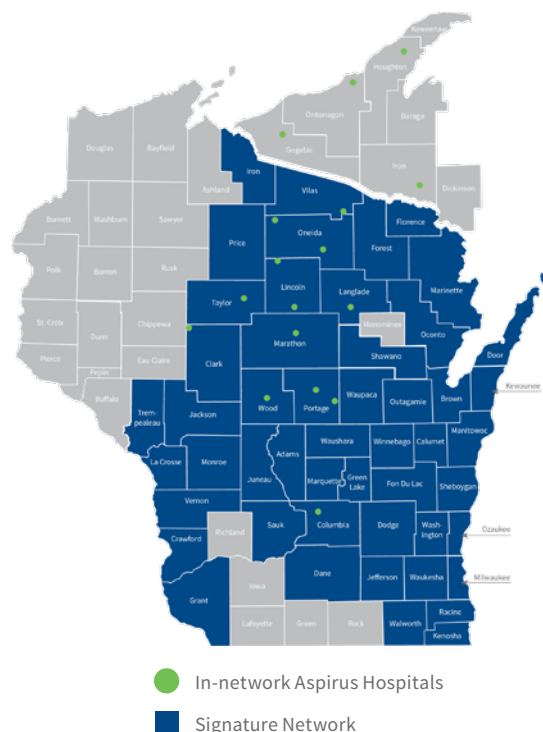
To establish care with a provider at Aspirus Health, contact the Welcome Center at 833.811.4176. They can assist with transferring medical records, signing up on MyAspirus, and answer questions you may have.

Signature Network includes

7K+
HEALTH CARE
PROVIDERS

51+
PRIMARY AND
SPECIALTY CARE
CLINICS

50
WISCONSIN
COUNTIES

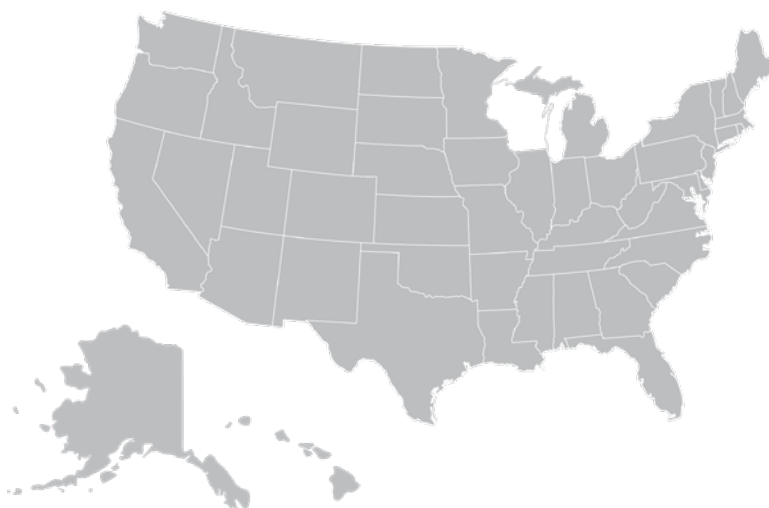


Finding Care Outside of Wisconsin

Comprehensive access to health care providers nationwide

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

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



■ Network covers all 49 states outside Wisconsin.

More than

1M HEALTH CARE
SERVICE LOCATIONS

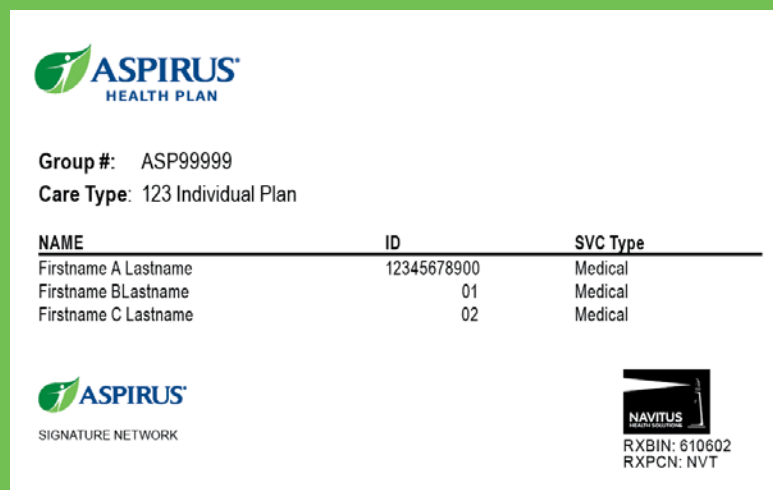
5K HOSPITALS

90K ANCILLARY
FACILITIES

Aspirus Health Plan is the best choice for Aspirus Health patients

Get Started With Your Member ID Card

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



Setting Up Your Online Member Account

Use your online member account for Quick access to Information

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

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

How to register for your member account

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

How to find your Explanation of Benefits (EOB)

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

How much of my deductible have I used?

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

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

Make the Most of Your Health Benefits

Welcome New Patients

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

In addition, they can:

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

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

Telehealth services from MDLIVE®

Connect with a licensed physician over the phone or via video consult 24/7/365. Behavioral health and dermatology services are also available; check your policy for details.

- 800.657.6169
- MDLIVE.com/aspirushealthplan
- Mobile app

RN Comprehensive Care Coordination

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

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

RN Comprehensive Care Coordinators are available to:

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

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

ExerciseRewards™ fitness reimbursement program¹

Eligible members of your household over 18 years old who work out at least 10 times per month at a qualified fitness center can receive a \$30 reward per month!

- Online fitness center search lets you find a participating fitness center near you
- Participants can use the ASHConnect™ mobile app to track visits at 41,000+ fitness centers nationwide
- Track your visits and redeem your rewards online

¹The ExerciseRewards program is provided by American Specialty Health Fitness, Inc., a subsidiary of American Specialty Incorporated (ASH). ExerciseRewards logo is a trademark of ASH and used with permission herein. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify by different means. Please call Customer Service for more information.

Free Nurseline – 24/7/365

Registered nurses help you navigate through the complexity of your care, from routine medical care to the treatment of chronic conditions at 866.220.3138.

Hear in America hearing plans

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

Tobacco Cessation

Aspirus Health Plan can help you quit for free! If you are 18 or older, you have access to certain nicotine replacements and drugs used to help you overcome your tobacco addiction. Talk to your doctor today and visit the Wisconsin Tobacco Quit Line at ctri.wisc.edu or call 800-QUIT-NOW for tips to help you quit.

Covered Preventive Services

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

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

The above preventive services are covered subject to the terms and conditions set forth in your Aspirus Health Plan Certificate of Coverage. Preventive care services include routine exams, screenings, immunizations, and other services ranked A or B by the U.S. Preventive Services Task Force (USPSTF). For further questions, please contact Aspirus Health Plan Customer Service at the number listed on your member ID card.

Health Insurance Terminology

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

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

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

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

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

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

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

Pharmacy Benefits

Your prescription benefits are managed by Navitus and Lumicera

Benefit Highlights

- 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.
- 90-day medication supply at retail pharmacy and through mail order program; specialty medications are limited to a 30-day supply.
- Cost comparison is available through the online member portal. Sign in to your member account at **aspirushealthplan.com** and select **View My Pharmacy Information**. Select your name to be linked to the Navitus Portal, then **Cost Compare**. The tool is used to:
 - Identify lower cost alternatives
 - See suggested alternatives to your prescribed drugs
 - Find participating network pharmacies
- Download the Mobile App to get these same great benefits, plus the ability to view your ID card!

- The mail order program is run by Postal Prescription Services (PPS) in partnership with Navitus. If you are interested in signing up for the mail order program, please contact the number listed below.

Navitus and Lumicera

Customer Care 1.866.333.2757

Mobile App Account Assistance . . . 1.844.268.9789

Postal Prescription Services (PPS) 1.800.552.6694

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** and select **For members/ 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.



Prior Authorizations

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

For full details on prior authorizations, please visit **aspirushealthplan.com/Insurance/PriorAuthorization**.

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

Whose responsibility is it to obtain required prior authorizations?

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

When do I need a prior authorization?

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

Prior authorization is also required before you receive certain health care services. For a list of these services, sign in to your online account at **aspirushealthplan.com**, then select **Medical Policy**.

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

Services that do not require prior authorization

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

Questions about prior authorization

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



How Claims Work

Claim denials

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

How to voice a complaint or file a grievance

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

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

Your right to an independent external review

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

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

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

For information about claims, complaints or grievances visit **aspirushealthplan.com**.

Member Rights and Responsibilities

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

As our member, you have the following rights and responsibilities

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



Aspirus Health Plan
Your Connection to Better Health

MyAspirus Connects You Directly With Your Aspirus Health Care Provider

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

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

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

The screenshot displays the MyAspirus website. At the top, the Aspirus logo and 'MyAspirus' text are visible. The main content area is divided into several sections, each with an icon and a title:

- COVID-19:** Stay up-to-date on the latest COVID-19 vaccine availability information per your state, and the phase you belong to. Find a wealth of information on the Aspirus website, under **Coronavirus (COVID-19) Resource Center**.
- Who will get the COVID-19 Vaccine first? Request a COVID-19 Vaccine**
- If you think you might have COVID-19**: If you think you might have COVID-19, log in and complete the COVID-19 Symptom Checker to see if you should be tested. If your responses match the criteria established for testing, you will be prompted to schedule an appointment at an Aspirus testing site of your choice.
- Access your test results**: No more waiting for a phone call or letter - view your results online. If you are tested for COVID-19, your results will be posted in MyAspirus as soon as they are available. This is the quickest way to receive your results.
- Do your part; stay apart**: As COVID continues to surge, we thank you for making a difference in our community. Please be vigilant and continue to wear a mask, socially distance, and wash your hands. We're all in this together!
- E-Visits**: Get evaluated without ever leaving your home; be seen through an e-visit after logging into MyAspirus.
- View and pay bills**: View your bills and make a payment.
- Manage your appointments**: Schedule your next appointment, or view details of your past (and upcoming) appointments.
- On-demand, 24/7/365 Health Care**: Aspirus Video Visits instantly connect you to dedicated providers with no appointment needed. Talk with a provider about minor illnesses and conditions - all for only \$45. Click [here](#) to learn more.

On the right side, there is a login section with fields for 'MyAspirus Username' and 'Password', a 'Sign in' button, and links for 'Forgot Username?', 'Forgot Password?', and 'New User?'. Below these are buttons for 'Sign up with Activation Code' and 'Sign up without Activation Code'. At the bottom right, there are buttons for 'One Time Payment', 'Video Visits Checklist', 'Guest Estimates', and 'Frequently Asked Questions'.



Customer Service

Monday–Friday, 7 am– 7 pm CT

866.631.5404

TTY: 866.631.8597

Language assistance is available through Customer Service.

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

31944 11-22 ©2022 Aspirus Health Plan, Inc. All rights reserved.



CONTACT LIST

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

Member Services

Phone: 866-631-5404

Email: customer.service@aspirushealthplan.com



Sandra Ferg-Weisner

Strategic Account Manager

Phone: 715-843-1391

Email: sandra.ferg-weisner@aspirushealthplan.com

Aspirus Welcome Center

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

In addition, they can:

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

Contact our Welcome Center today to get started!

715-847-2613 or (toll free) 833-811-4176



Colby School District

ASP10066

Outline of Benefits

Signature HMO HDHP

Effective July 1, 2024

Benefit Accumulator			Plan Year (July 1 - June 30)		
PROVISION/BENEFIT		PARTICIPATING PROVIDERS What you pay		NON-PARTICIPATING PROVIDERS What you pay	
Deductible - Non-Embedded HDHP - one person, in a family, can satisfy the family deductible amount noted below					
Single		\$2,000		Not Applicable	
Family		\$4,000		Not Applicable	
Coinsurance					
Coinsurance		0%		Not Applicable	
Annual Out-of-Pocket Limit (includes deductible and coinsurance) - Non-Embedded HDHP - one person, in a family, can satisfy the family out-of-pocket amount noted below					
Single		\$2,000		Not Applicable	
Family		\$4,000		Not Applicable	
PROVISION/BENEFIT		PARTICIPATING PROVIDERS What you pay		NON-PARTICIPATING PROVIDERS What you pay	
Ambulance services**		Deductible and Coinsurance		Participating Provider Deductible and Coinsurance	
Behavioral health					
Therapy services		Deductible and Coinsurance			
Outpatient/Transitional Services		Deductible and Coinsurance			
Inpatient services**		Deductible and Coinsurance		Not Covered	
Chiropractic office visit/manipulations		Deductible and Coinsurance		Not Covered	
Contraceptives		0%		Not Covered	
Diagnostic x-ray and laboratory services**		Deductible and Coinsurance		Not Covered	
Durable medical equipment**		Deductible and Coinsurance		Not Covered	
Emergency room - visit charge only		Deductible and Coinsurance		Participating Provider Deductible and Coinsurance	
Emergency room services		Deductible and Coinsurance		Participating Provider Deductible and Coinsurance	
Home care - limited to 40 visits per year		Deductible and Coinsurance		Not Covered	
Hospital inpatient services**		Deductible and Coinsurance		Not Covered	
Immunizations		0%		Not Covered	
Injections - outpatient		Deductible and Coinsurance		Not Covered	
Kidney disease treatment		Deductible and Coinsurance		Not Covered	
Maternity services		Deductible and Coinsurance		Not Covered	
Medical supplies		Deductible and Coinsurance		Not Covered	
Nutritional counseling		0%		Not Covered	
Office visits - visit charge only					
Primary Care Practitioner		Deductible and Coinsurance			
Specialist		Deductible and Coinsurance		Not Covered	
Preventive Care Services* (includes routine eye exams for children and adults)		0%		Not Covered	
Surgical services		Deductible and Coinsurance		Not Covered	
Telehealth visits (through MDLIVE)					
General					
Counseling		0%			
Psychiatry				Not Covered	
Dermatology					



Colby School District

ASP10066

Outline of Benefits

Signature HMO HDHP

Effective July 1, 2024

Benefit Accumulator		Plan Year (July 1 - June 30)	
PROVISION/BENEFIT	PARTICIPATING PROVIDERS What you pay	NON-PARTICIPATING PROVIDERS What you pay	
Therapy visits (physical/speech/occupational Office setting Home or outpatient hospital setting)	Deductible and Coinsurance	Not Covered	
Transplant Services**	Deductible and Coinsurance	Not Covered	
All other health care services - unless otherwise stated in your plan	Deductible and Coinsurance	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			
Prescription are subject to deductible - <u>after deductible</u> , the following copayments would apply:			
	Retail pharmacy 30-day supply	Retail Pharmacy/Mail Order 31 - 90 day supply	
Tier 1:	\$10	\$20	
Tier 2:	\$30	\$60	
Tier 3:	\$60	\$120	
Specialty Drugs**:	25% to \$250	N/A	
Rx Out-of-Pocket Maximum (<i>Embedded</i>) :	Per Person: \$1,000 Per Family: \$2,000		
Preventive drugs - as required by the Affordable Care Act and defined in the Plan Also includes additional preventive drugs at no cost to you (refer to \$0 Drug List for details).	0% (Deductible waived)		
Limitations	Retail and Home Delivery: 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		
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 created from a sales quote presentation. Finalized benefits will take precedence over any benefit information presented in this outline. See the Master Policy 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

Plans and products are available to businesses in the following counties: Adams, Clark, Columbia, Florence, Forest, Iron, Juneau, Langlade, Lincoln, Marathon, Marquette, Oneida, Portage, Price, Sauk, Shawano, Taylor, Vilas, Waushara and Wood.

List of providers

Counties	Hospitals in County	Major Providers in County
Brown	Aurora BayCare Medical Center, Bellin Memorial	Aurora Medical Group, Bellin Health Partners, Children's Wisconsin
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, Children's Wisconsin
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, Children's Wisconsin
Jefferson	UW Hospital and Clinics	UW Health System
Kenosha	Aurora Medical Center Kenosha	Aurora Medical Group, Children's Wisconsin
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	Aurora 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, Children's Wisconsin	Aurora Medical Group, The Medical College of Wisconsin, Children's Wisconsin
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, Children's Wisconsin
Racine	Aurora Memorial of Burlington	Aurora Medical Group, Children's Wisconsin
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, Children's Wisconsin
Washington	Aurora Medical Center Washington Co.	Aurora Medical Group, Children's Wisconsin
Waukesha	Aurora Summit, Oconomowoc Memorial, Waukesha Memorial	Aurora Medical Group, Children's Wisconsin
Waupaca	ThedaCare Medical Center-New London, ThedaCare Medical Center-Waupaca	Aurora Medical Group, ThedaCare Physicians
Wausara	ThedaCare Medical Center-Wild Rose	ThedaCare Physicians
Winnebago	Aurora Medical Center-Oshkosh, Children's Wisconsin, ThedaCare Regional Medical Center-Neenah	Aurora Medical Group, ThedaCare Physicians, The Medical College of Wisconsin, Children's Wisconsin

Network Outside of Wisconsin

Comprehensive access to health care providers nationwide

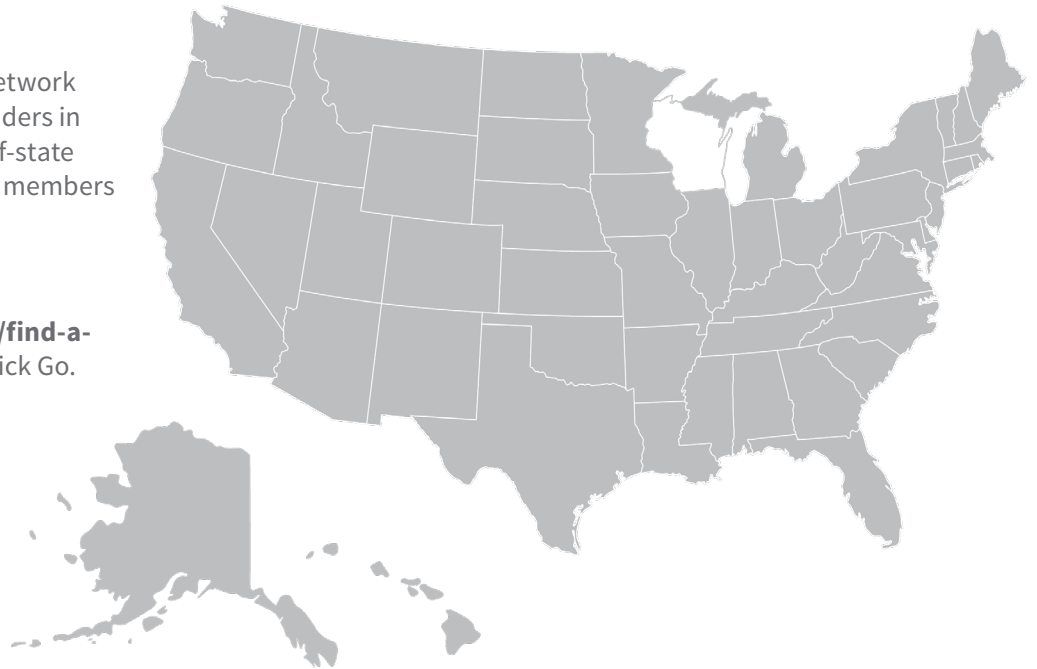
Group Members can enjoy access to in-network benefits when they visit in-network providers in 49 states outside of Wisconsin. The out-of-state network functions as a wrap network for members living and traveling outside of Wisconsin.

Locating In-Network Providers

Visit <https://p1.aspirushealthplan.com/find-a-doctor>. Enter your Group Number, and click Go.

Visitors

If you are visiting our website, go to <https://p1.aspirushealthplan.com/find-a-doctor>. Select the I Agree button. You will be redirected to a page where you can search for a health care provider.



■ 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.



Providers are subject to change.
For current information and to
confirm a provider is in-network
visit **[aspirushealthplan.com](https://p1.aspirushealthplan.com)**.

Call 833.811.4176 to select an
Aspirus primary care practitioner.





Colby School District

ASP10066

Outline of Benefits

Freedom POS HDHP

Effective July 1, 2024

Benefit Accumulator			Plan Year (July 1 - June 30)		
PROVISION/BENEFIT		PARTICIPATING PROVIDERS What you pay		NON-PARTICIPATING PROVIDERS What you pay***	
Deductible - Non-Embedded HDHP - one person, in a family, can satisfy the family deductible amounts noted below (Note: In-network and out-of-network deductible amounts do not credit toward each other)					
Single		\$2,000		\$4,000	
Family		\$4,000		\$8,000	
Coinsurance					
Coinsurance		0%		20%	
Annual Out-of-Pocket Limit (includes deductible and medical coinsurance) - Non-Embedded HDHP - one person, in a family, can satisfy the family amounts noted below (Note: In-network and out-of-network out-of-pocket amounts do not credit toward each other)					
Single		\$2,000		\$6,000	
Family		\$4,000		\$12,000	
PROVISION/BENEFIT		PARTICIPATING PROVIDERS What you pay		NON-PARTICIPATING PROVIDERS What you pay***	
Ambulance services**		Deductible and Coinsurance		Participating Provider Deductible and Coinsurance	
Behavioral health					
Therapy services		Deductible and Coinsurance		Deductible and Coinsurance	
Outpatient/Transitional Services		Deductible and Coinsurance		Deductible and Coinsurance	
Inpatient services**		Deductible and Coinsurance		Deductible and Coinsurance	
Chiropractic office visit/manipulations		Deductible and Coinsurance		Deductible and Coinsurance	
Contraceptives		0%		Deductible and Coinsurance	
Diagnostic x-ray and laboratory services**		Deductible and Coinsurance		Deductible and Coinsurance	
Durable medical equipment**		Deductible and Coinsurance		Deductible and Coinsurance	
Emergency room - visit charge only		Deductible and Coinsurance		Participating Provider Deductible and Coinsurance	
Emergency room services		Deductible and Coinsurance		Participating Provider Deductible and Coinsurance	
Home care - limited to 40 visits per year		Deductible and Coinsurance		Deductible and Coinsurance	
Hospital inpatient services**		Deductible and Coinsurance		Deductible and Coinsurance	
Immunizations		0%		Deductible and Coinsurance	
Injections - outpatient		Deductible and Coinsurance		Deductible and Coinsurance	
Kidney disease treatment		Deductible and Coinsurance		Deductible and Coinsurance	
Maternity services		Deductible and Coinsurance		Deductible and Coinsurance	
Medical supplies		Deductible and Coinsurance		Deductible and Coinsurance	
Nutritional counseling		0%		Deductible and Coinsurance	
Office visits - visit charge only					
Primary Care Practitioner		Deductible and Coinsurance		Deductible and Coinsurance	
Specialist		Deductible and Coinsurance			
Preventive Care Services* (includes routine eye exams for children and adults)		0%		Deductible and Coinsurance	
Surgical services		Deductible and Coinsurance		Deductible and Coinsurance	



Colby School District

ASP10066

Outline of Benefits

Freedom POS HDHP

Effective July 1, 2024

Benefit Accumulator		Plan Year (July 1 - June 30)	
PROVISION/BENEFIT	PARTICIPATING PROVIDERS What you pay	NON-PARTICIPATING PROVIDERS What you pay***	
Telehealth visits (through MDLIVE) General Counseling Psychiatry Dermatology	0%	Not Covered	
Therapy visits (physical/speech/occupational) Office setting Home or outpatient hospital setting	Deductible and Coinsurance	Deductible and Coinsurance	
Transplant Services**	Deductible and Coinsurance	Deductible and Coinsurance	
All other health care services - unless otherwise stated in your plan	Deductible and Coinsurance	Deductible and Coinsurance	
Covered Drugs and Covered Supplies			
Prescription Drugs and certain diabetic supplies			
Drugs and covered supplies dispensed by a non-participating pharmacy are not covered			
Prescription are subject to deductible - <u>after deductible</u> , the following copayments would apply:			
	Retail pharmacy 30-day supply	Retail Pharmacy/Mail Order 31 - 90 day supply	
Tier 1:	\$10	\$20	
Tier 2:	\$30	\$60	
Tier 3:	\$60	\$120	
Specialty Drugs**:	25% to \$250	N/A	
Rx Out-of-Pocket Maximum (Embedded) :	Per Person: \$1,000 Per Family: \$2,000		
Preventive drugs - as required by the Affordable Care Act and defined in the Plan Also includes additional preventive drugs at no cost to you (refer to \$0 Drug List for details).	0% (Deductible waived)		
Limitations	Retail and Home Delivery: 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		
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 created from a sales quote presentation. Finalized benefits will take precedence over any benefit information presented in this outline. See the Master Policy 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

***Non-participating provider services are subject to our non-participating provider reimbursement value. That value fee may be less than what the health care provider bills and you may be responsible for the difference between what the health care provider bills and out non-participating provider reimbursement value (often referred to as "balance billing"). **These amounts do not apply to the overall deductible and out-of-pocket maximums noted above.**

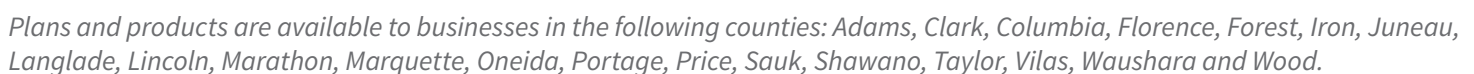
Aspirus Health Plan's Freedom Network represents the full continuum of health care services, including more than 800 Aspirus physicians and specialists. It is comprised of Aspirus-employed physicians and independent physicians, numerous hospitals, ambulatory surgery centers, and other allied health care professionals and facilities. *

- More than 51 specialties
- Comprehensive network of outpatient centers and physician clinics
- Home health care and hospice services
- Ambulatory surgery services

- Aspirus Divine Savior Hospital (Portage)
- Aspirus Eagle River Hospital
- Aspirus Langlade Hospital (Antigo)
- Aspirus Medford Hospital
- Aspirus Merrill Hospital
- Aspirus Plover Hospital (Stevens Point)
- Aspirus Rhinelander Hospital
- Aspirus Riverview Hospital (Wisconsin Rapids)
- Aspirus Stanley Hospital
- Aspirus Stevens Point Hospital
- Aspirus Tomahawk Hospital
- Aspirus Wausau Hospital
- Howard Young Medical Center (Woodruff)

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

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



Network Outside of Wisconsin

Comprehensive access to health care providers nationwide

Group members can enjoy access to in-network benefits when they visit in-network providers in 49 states outside of Wisconsin. The out-of-state network functions as a wrap network for members living and traveling outside of Wisconsin.

Locating In-Network Providers

Visit <https://p1.aspirushealthplan.com/find-a-doctor/>. Enter your Group Number, and click Go.

Visitors

If you are visiting our website, go to <https://p1.aspirushealthplan.com/find-a-doctor/>. Select the I Agree button. You will be redirected to a 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.



Providers are subject to change.
For current information and to
confirm a provider is in-network
visit **AspirusHealthPlan.com**.

Call 833-811-4176 to select an
Aspirus primary care practitioner.



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 provider 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

Drug Name

ACCURETIC TAB	BREO ELLIPTA INHALER
ADVAIR HFA INHALER	BREZTRI AEROSPHERE INHALER
albuterol HFA inhaler	budesonide inh susp
albuterol neb soln	budesonide/formoterol inhaler
ALBUTEROL NEBULIZER SOLN	BYDUREON BCISE AUTO INJ
albuterol sulfate syrup	BYDUREON INJ
albuterol sulfate tab	BYDUREON PEN INJ
ALBUTEROL TAB ER	captopril tab
albuterol/ipratropium neb soln	CAPTOPRIL/HYDROCHLOROTHIAZIDE TAB
alendronate tab	carvedilol tab
ALENDRONATE TAB 40MG	citalopram soln
amlodipine/benazepril cap	citalopram tab
ANORO ELLIPTA INHALER	COMBIVENT RESPIMAT INHALER
arformoterol tartrate neb soln	DULERA INHALER
ARNUITY ELLIPTA INHALER	enalapril tab
ASMANEX HFA INHALER	enalapril/hydrochlorothiazide tab
ASMANEX INHALER	escitalopram soln
atenolol tab	escitalopram tab
atenolol/chlorthalidone tab	fluoxetine cap
atorvastatin tab	fluoxetine soln
benazepril tab	fluoxetine tab
benazepril/hydrochlorothiazide tab	FLUTICASONE DISKUS INHALER
betaxolol tab	FLUTICASONE HFA INHALER
bisoprolol tab	FLUTICASONE HFA INHALER 110 MCG/ACT
bisoprolol/hydrochlorothiazide tab	FLUTICASONE HFA INHALER 220MCG/ACT
	FLUTICASONE HFA INHALER 44 MCG/ACT

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 and any age restrictions.



Aspirus Large Group and Self-Funded – High Deductible Health Plan
Preventive Drug List
Updated January 2024

FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT	LYUMJEV INJ
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT	LYUMJEV KWIKPEN INJ
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT	METAPROTERENOL SYRUP
fluticasone/salmeterol inhaler, wixela inhaler	METAPROTERENOL TAB
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT	metformin ER tab
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT	metformin tab
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT	metoprolol ER tab
formoterol fumarate neb soln	metoprolol tab
fosinopril tab	metoprolol/hydrochlorothiazide tab
fosinopril/hydrochlorothiazide tab	moexipril tab
glimepiride tab	MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB
glipizide ER tab	MOUNJARO INJ
glipizide tab	nadolol tab
glipizide/metformin tab	OZEMPIC INJ
GLYBURID MCR TAB	paroxetine tab
glyburide tab	pindolol tab
glyburide/metformin tab	pioglitazone tab
HUMALOG JR KWIKPEN INJ	pravastatin tab
HUMALOG KWIKPEN INJ	propranolol ER cap
HUMALOG MIX INJ	propranolol oral soln 20mg/5ml
HUMALOG MIX KWIKPEN INJ	PROPRANOLOL SOLN
HUMALOG PEN INJ	propranolol tab
HUMULIN MIX INJ	PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB
HUMULIN MIX PEN INJ	quinapril tab
HUMULIN N INJ	QUINAPRIL/HCTZ TAB
HUMULIN N PEN INJ	quinapril/hydrochlorothiazide tab
HUMULIN R INJ	ramipril cap
HUMULIN R INJ U-500	rosuvastatin tab
HUMULIN R U-500 KWIKPEN INJ	RYBELSUS TAB
INSULIN LISPRO INJ	SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ
labetalol tab	SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN
LEVALBUTEROL INHALER, XOPENEX HFA INHALER	SEREVENT DISKUS INHALER
levalbuterol neb soln	sertraline conc
LEVEMIR FLEXTOUCH INJ	sertraline tab
LEVEMIR INJ	simvastatin tab
lisinopril tab	STIOLTO INHALER
lisinopril/hydrochlorothiazide tab	STRIVERDI RESPIMAT INHALER
lovastatin tab	terbutaline sulfate tab

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 and any age restrictions.



Aspirus Large Group and Self-Funded – High Deductible Health Plan
Preventive Drug List
Updated January 2024

TOLAZAMIDE TAB
TOLBUTAMIDE TAB
TOUJEO MAX SOLOSTAR INJ
TOUJEO SOLOSTAR INJ
trandolapril tab
TRELEGY ELLIPTA INHALER
TRESIBA FLEXTOUCH INJ
TRESIBA INJ
TRULICITY INJ
VENTOLIN HFA INHALER
VICTOZA INJ

FLUTICASONE HFA INHALER 220MCG/ACT
FLUTICASONE HFA INHALER 44 MCG/ACT
FLUTICASONE PROPIONATE DISKUS INHALER 100MCG/ACT
FLUTICASONE PROPIONATE DISKUS INHALER 250MCG/ACT
FLUTICASONE PROPIONATE DISKUS INHALER 50MCG/ACT
fluticasone/salmeterol inhaler, wixela inhaler
FLUTICASONE-SALMETEROL INHALER 113-14 MCG/ACT
FLUTICASONE-SALMETEROL INHALER 232-14 MCG/ACT
FLUTICASONE-SALMETEROL INHALER 55-14 MCG/ACT
formoterol fumarate neb soln
LEVALBUTEROL INHALER, XOPENEX HFA INHALER
levalbuterol neb soln
METAPROTERENOL SYRUP
METAPROTERENOL TAB
SEREVENT DISKUS INHALER
STIOLTO INHALER
STRIVERDI RESPIMAT INHALER
terbutaline sulfate tab
TRELEGY ELLIPTA INHALER
VENTOLIN HFA INHALER

Drug Category

ANTIASTHMATIC AND BRONCHODILATOR AGENTS

ADVAIR HFA INHALER
albuterol HFA inhaler
albuterol neb soln
ALBUTEROL NEBULIZER SOLN
albuterol sulfate syrup
albuterol sulfate tab
ALBUTEROL TAB ER
albuterol/ipratropium neb soln
ANORO ELLIPTA INHALER
arformoterol tartrate neb soln
ARNUIITY ELLIPTA INHALER
ASMANEX HFA INHALER
ASMANEX INHALER
BREO ELLIPTA INHALER
BREZTRI AEROSPHERE INHALER
budesonide inh susp
budesonide/formoterol inhaler
COMBIVENT RESPIMAT INHALER
DULERA INHALER
FLUTICASONE DISKUS INHALER
FLUTICASONE HFA INHALER
FLUTICASONE HFA INHALER 110 MCG/ACT

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
glimepiride tab

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 and any age restrictions.

glipizide ER tab
glipizide tab
glipizide/metformin tab
GLYBURID MCR TAB
glyburide tab
glyburide/metformin tab
HUMALOG JR KWIKPEN INJ
HUMALOG KWIKPEN INJ
HUMALOG MIX INJ
HUMALOG MIX KWIKPEN INJ
HUMALOG PEN INJ
HUMULIN MIX INJ
HUMULIN MIX PEN INJ
HUMULIN N INJ
HUMULIN N PEN INJ
HUMULIN R INJ
HUMULIN R INJ U-500
HUMULIN R U-500 KWIKPEN INJ
INSULIN LISPRO INJ
LEVEMIR FLEXTOUCH INJ
LEVEMIR INJ
LYUMJEV INJ
LYUMJEV KWIKPEN INJ
metformin ER tab
metformin tab
MOUNJARO INJ
OZEMPIC INJ
pioglitazone tab
RYBELSUS TAB
SEMGLEE INJ, INSULIN GLARGINE-YFGN INJ
SEMGLEE PEN, INSULIN GLARGINE-YFGN PEN
TOLAZAMIDE TAB
TOLBUTAMIDE TAB
TOUJEO MAX SOLOSTAR INJ
TOUJEO SOLOSTAR INJ
TRESIBA FLEXTOUCH INJ
TRESIBA INJ
TRULICITY INJ

VICTOZA INJ

ANTHYPERLIPIDEMICS

atorvastatin tab
lovastatin tab
pravastatin tab
rosuvastatin tab
simvastatin tab

ANTHYPERTENSIVES

ACCURETIC TAB
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 tab
MOEXIPRIL/HYDROCHLOROTHIAZIDE TAB
PROPRANOLOL/HYDROCHLOROTHIAZIDE TAB
quinapril tab
QUINAPRIL/HCTZ TAB
quinapril/hydrochlorothiazide tab
ramipril cap
trandolapril tab

BETA BLOCKERS

atenolol tab
betaxolol tab
bisoprolol tab

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 and any age restrictions.



carvedilol tab
labetalol tab
metoprolol ER tab
metoprolol tab
nadolol tab
pindolol tab
propranolol ER cap
propranolol oral soln 20mg/5ml
PROPRANOLOL SOLN
propranolol tab

ENDOCRINE AND METABOLIC AGENTS - MISC.

alendronate tab
ALENDRONATE TAB 40MG

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 and any age restrictions.



Customer New Prescription Request

Postal Prescription Services
PO Box 2718
Portland, OR 97208-2718
Telephone: 800-552-6694
www.ppsrx.com

A subsidiary of The Kroger Co.

Patient Information

Name: _____ D.O.B.: _____ ☐ Male ☐ Female

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Patient's Preferred Phone: _____ Member ID #: _____

Allergy Information: _____ Health Conditions: _____

Prescription Information

New prescription(s) enclosed ☐

Transfer prescriptions from another pharmacy ☐

Contact doctor for new prescription(s) ☐

Prescription No.	Name of Medication	Strength	Pharmacy Name & Phone	Doctor Name & Phone

Mail completed form and new prescription(s) to address on top of form. You should receive your order back in 7-10 calendar days. PPS will contact you at your preferred phone number if there is an issue in filling your prescription(s). PPS will notify you automatically when your order ships by email, text, or phone. Please select your preferred notification method by checking the appropriate box and providing the needed information.

Email: ☐ Text: ☐ Phone: ☐

Thank you. We appreciate your business!



Mail Order Quick Reference Guide

Creating an Online PPS Account First you will need to create your online account	<ol style="list-style-type: none"> 1. Select “Register” from the upper right hand corner of the PPS website 2. Enter your email address, create a password 3. Select “Create Account”
Setting Up & Accessing Patient Information Once you have created your online PPS account, you must connect it to a patient profile for either yourself or someone you wish to manage	<ol style="list-style-type: none"> 1. Once you have created your online PPS account, you will land on the “Add a Patient” page of the website <ol style="list-style-type: none"> a. New Patients - If you have not filled a prescription with PPS or The Kroger Family of Pharmacies, you will need to fill out a new patient request form by selecting “Request New Patient” <ol style="list-style-type: none"> i. Follow the steps to set up your patient profile and request your first prescription fill(s) ii. Once you enter the medication(s) you need from your doctor or retail pharmacy, PPS will contact the doctor or retail pharmacy to get all the required information iii. Call PPS at (800) 552-6694 to provide your method of payment for your new prescriptions (PPS can’t ship your new prescriptions without this information) b. Existing Patients - If you have filled a prescription with PPS or The Kroger Family of Pharmacies, you can access your prescription history and order refills by selecting “Add Online Prescription Management” (you will need a PPS or The Kroger Family of Pharmacies prescription number for this step)
Ordering New or Transferred Prescriptions Once you have added a patient to your online PPS account, it is easy to add new prescriptions or transfer prescriptions from another pharmacy	<ol style="list-style-type: none"> 1. Select “Add a Prescription” from the left navigation menu and follow the on-screen steps for PPS to request a new prescription from your doctor or a transferred prescription from another pharmacy 2. Your doctor can send a new prescription to PPS by electronic prescribing, fax, phone, or mail 3. Or, if your doctor has given you a paper prescription, you should mail it to PPS at: <p style="text-align: center;">PPS Prescription Services PO BOX 2718 PORTLAND, OR 97208-2718</p> <p>* Generally, it takes about 3-5 business days for PPS to contact your prescriber or pharmacy to obtain your prescription(s). If you requested a fill of these prescriptions, they will be sent as soon as the prescriptions are received and filled.</p>
Checking on Order Status Once you have requested a prescription, you can track the delivery status using your PPS prescription number	<ol style="list-style-type: none"> 1. Select “Prescription History” from the left navigation bar and look under “Recent Prescriptions” for a status or tracking number <p>* Tracking numbers may appear up to 24 hours before tracking information is available on our carriers’ websites</p> <p>** You can only check on an order status if you know your PPS prescription number (new members can call PPS to obtain their new prescription number(s), if you want to check your order status)</p>
Opting into the Refill Reminder Program Once you have a prescription setup, you can call PPS to opt-in for the refill reminder program	<ol style="list-style-type: none"> 1. Call PPS at (800) 552-6694 and tell them that you would like to opt-in to the refill reminder program 2. You will need to tell the representative if you prefer text or email notifications 3. Once setup, you will receive a notification that includes the last 4 digits of the prescription(s) due to be refilled 4. Call PPS at (800) 552-6694 or visit ppsrx.com to refill the prescription(s)

Mail Order FAQs

How do I reach PPS?	The PPS Customer Service Center can be reached at (800) 552-6694.
What are PPS' hours?	Customer Service hours are Monday-Friday, 6am-6pm PST, and Saturday, 9am-2pm PST.
Why should I create an online PPS account?	An online account makes managing your prescriptions much easier! You can order refills, review convenient expense reports, and view prescription histories for yourself and others.
What are my payment options?	PPS accepts MasterCard, Visa, Discover, American Express, personal checks, and money orders. If you are paying by check or money order, PPS must receive these forms of payment prior to shipping your order. You can add or update credit card information from your "Cart" when checking out. You may also contact PPS at (800) 552-6694 to update your billing information.
How do I add or update my credit card information?	You can either contact PPS at (800) 552-6694 to update your billing information or you can add/update credit card information while checking out. Once you have added refills to your cart and select "Checkout", there will be an option to "Add a New Credit Card" (under the "Billing Information" section). You must include your name in the designated field when adding the credit card or the card will not process correctly and you will receive an error message. You can only update your billing information from the cart if you are in the process of ordering a prescription. If you do not have a registered prescription number, you will have to call PPS to add credit card information.
When will my prescriptions be ready to ship?	If you have remaining refills, your prescription will be ready for shipping within 24-48 hours. New, transferred, and prescriptions out of refills will require extra time to process, as PPS will need to contact your doctor or transferring pharmacy in order to verify your prescription information.
What if I have an urgent need for my medication and can't wait for my prescription to be filled?	If you have an urgent need for your prescription refill for any reason, you can pay for expedited shipping. PPS may be able to transfer your prescription to a local pharmacy to be filled immediately, if you need it the same day. You can call PPS Customer Service at (800) 552-6694 and speak with a Customer Service Representative for additional help. Customer Service hours are Monday-Friday, 6am-6pm PST, and Saturday, 9am-2pm PST.
Can I set up Online Prescription Management if I don't have a prescription number?	You need a prescription number with PPS or The Kroger Family of Pharmacies to set up Online Prescription Management. Once you receive your first prescription from PPS, you can use the prescription number from the label to link the prescription to your profile, using the "Add Online Prescription Management" feature.
Does PPS offer refill reminders?	PPS does offer a refill reminder program. You can call PPS at (800) 552-6694 and tell the representative that you would like to opt-in for refill reminders. You will need to tell the representative if you prefer text or email notifications. Once setup, you will receive a notification that includes the last 4 digits of the prescription(s) due to be refilled and you will need to call PPS at (800) 552-6694 or visit ppsrx.com to refill the prescription(s).

Active&Fit ExerciseRewards™ Program Q&A



PROGRAM DESCRIPTION

Q: What is the Active&Fit ExerciseRewards program?

A: The Active&Fit ExerciseRewards program rewards members for working out. Aspirus members are eligible to participate.

Q: What is included in the Active&Fit ExerciseRewards program?

A: Members can access a fitness membership through a robust network of participating fitness centers. They can also enjoy a variety of on-demand workout videos on the Active&Fit Enterprise™ website and a tailored workout plan. Members may view the quarterly newsletter, and exclusive, clinically approved articles and resources in the online library.

Q: What kinds of fitness centers take part in the Active&Fit ExerciseRewards program should a member choose to enroll in a contracted fitness center?

A: Members may select from the following if they choose to enroll in a fitness center. Members pay a monthly fee to participate at one or multiple fitness centers that they enroll in.

- **Full Coed Fitness Centers**, which may offer exercise classes in addition to their standard membership with cardiovascular and resistance training equipment
- **Gender-Specific Fitness Centers**, which offer a standard membership and the opportunity to work out with others of the same gender
- **Fitness Studios**, which may include pools, yoga studios, and/or Pilates studios
- **Premium Fitness Network Choices**, an expanded network of options, like full-service fitness centers and studios, and unique fitness experiences, such as rock climbing and martial arts. Fees vary, depending on the fitness location members choose.

PROGRAM MEMBERSHIP

Q: How do members register for the Active&Fit ExerciseRewards program?

A: Members go to **ActiveandFit.com** and click Check Eligibility to register to use the website and online features. Members can also use a Visit Submission Form to track their workouts at a qualifying fitness center and submit for credit. Members don't need online access to participate in this way.

Q: How do members enroll in a fitness center should they choose to do so?

A: After website registration, members have the option of enrolling with an Active&Fit Enterprise contracted fitness center for a monthly fee. Enrollment in a fitness center is not a requirement for participating in the Active&Fit ExerciseRewards program.

Q: Do Active&Fit ExerciseRewards members get an Active&Fit Enterprise card?

A: The Welcome Letter includes the Active&Fit Enterprise card, along with the name and location of the member's chosen fitness center and their fitness ID number. Members who join the program online can print a paper copy of their Active&Fit Enterprise card, or download it on their phone, and bring it to the fitness center they selected.

Q: Can members who choose to enroll in a fitness center join more than one?

A: Yes, members can go to one or more participating fitness centers at a time. If members enroll into more than one Premium fitness center, they must pay fees for each individual location. Members can log in to the website or call for information on how their payments may change.

Q: Can new Active&Fit Enterprise members continue to use their existing fitness center?

A: If the fitness center is part of the Active&Fit Enterprise network, then yes. Members can advise the fitness center to freeze their membership. After registering on the website, selecting a fitness center, and paying their applicable fee(s), they can print a paper copy of their Active&Fit Enterprise card, or download it on their phone, and bring it with them to their first visit. If the fitness center is not part of the network, and members would like to use their Active&Fit Enterprise benefit, they will need to switch to a participating fitness center. If members decide to cancel their Active&Fit Enterprise enrollment, and the original fitness center membership was frozen (and not canceled), their original membership should be reinstated.

Q: How do members nominate a fitness center to be part of the Active&Fit Enterprise network?

A: Members can nominate a fitness center by going to the Active&Fit Enterprise website or calling Active&Fit ExerciseRewards Customer Service.

Q: If members belong to a fitness center that leaves the network, what is the process for notifying them?

A: Members will get a letter notifying them that the fitness center is leaving the network, 30 days in advance (when possible). This letter includes a listing of fitness centers closest to the member's address and shares information on how to select a new fitness location.

Q: What is the investigative process for complaints against a fitness center?

A: American Specialty Health Fitness, Inc., provider of the Active&Fit ExerciseRewards program, will review complaints and follow up accordingly. Some methods of investigation are an inquiry letter, a site visit, or a secret shopper call.

Q: Do members ever have to pay a fitness center directly for Active&Fit Enterprise benefits?

A: No. However, members are responsible for paying any fees associated with upgrading their fitness center membership, or for using any nonstandard services or amenities that require separate, nonstandard fees.

ABOUT THE PROGRAM

Q: How does the Active&Fit ExerciseRewards program work?

A: Members need to complete at least 10 visits each month to earn \$30 in rewards.

Members can receive credit for one fitness center visit per calendar day (with at least 8 hours between visits).

Q: How do members track fitness center visits?

A: There are 3 ways to track fitness center visits:

1. Active&Fit Enterprise fitness center or studio—Enroll in an Active&Fit Enterprise participating fitness center on **ActiveandFit.com**, and the fitness center will submit member visits automatically. Members must pay any applicable nonrefundable member fee(s) to the Active&Fit ExerciseRewards program with a credit or debit card only (Mastercard, Visa, Discover, or American Express). Members should print a paper copy of their Active&Fit Enterprise card, or download it on their phone, and bring it to the fitness center they selected.
2. Track Visits on the website—Log in to **ActiveandFit.com** to track visits at a qualifying fitness center. For the visit to count, each workout should be at least 30 minutes (one fitness center visit per calendar day).
3. Paper log—Submit a completed Visit Submission Form. The form needs to be complete and legible to earn credit for each visit.

Q: Can members use more than one method to track visits?

A: Yes. Members can use any or all of the 3 methods and are not limited to just one. Members can log on to the Active&Fit Enterprise website to track progress toward their reward.

Q: If a fitness center is not in the fitness center search on the website, how will members know if it is a qualifying fitness center to use in this program?

A: For a fitness center to be qualifying, it must be in the 50 U.S. states or District of Columbia; offer regular cardiovascular, flexibility, and/or resistance training exercise programs or may include instructor-led classes (such as Zumba®, Pilates, “step” classes, yoga, aquatics, etc.); must have staff oversight; and must offer a membership agreement.

Examples of excluded centers that do not qualify for rewards include, but are not limited to, the following:

- Services and activities such as rehabilitation services, physical therapy services, country clubs, social clubs, or sports teams and leagues.
- Dues or fees for participating in aerobic/fitness activities not in an acceptable fitness center, as well as fees for personal training, lessons (e.g., tennis and swimming), coaching, and exercise equipment or clothing purchases.
- Exercise sessions at fitness centers where there is no staff oversight (e.g., centers in apartment buildings, hotels, and sports clubs).

Because these excluded fitness centers are not eligible for rewards, they are not in the Active&Fit ExerciseRewards network.

Q: What do members need to send to the Active&Fit ExerciseRewards program if they are manually tracking their activity on the Visit Submission Form?

A: If members choose to attend a qualifying fitness center that does not submit visits, they'll need to keep track of their workouts on a paper log. Please note, all participating Active&Fit ExerciseRewards fitness centers will submit visits on the member's behalf.

- Members will complete the Visit Submission Form, which documents their fitness center visits. A fitness center staff member must sign the form. Members can write in each visit date, or members can submit a computer printout of their workouts from the fitness center. Members must ensure the form is complete and legible to process their reward.
- Submissions must be received no later than 90 days after the end of the reward period (every reward period in a calendar year).

The Visit Submission Form is available at **ActiveandFit.com** or by calling Active&Fit ExerciseRewards Customer Service at 1.877.771.2746.

Q: How do members redeem their reward?

A: Members will be able to see their reward information on the website. Once their visit requirement is met and processed, they'll receive a redemption email (if a valid email address is on file) advising them to log in to **ActiveandFit.com**. They'll go to the Rewards page and click "Available to redeem" and select their incentive period. Then they'll confirm their mailing address and click "Redeem." If using the Visit Submission Form, members need to follow the instructions on the form to submit for rewards.

Q: When should members expect to receive their reward?

A: All rewards are processed within 7 – 10 days of a member redeeming their reward on the website. If the member does not redeem an earned reward on the website, it will be automatically issued 30 days after the end of the reward period.

If members are submitting paper logs, and logs are incomplete or have invalid documentation, the member's reward will not be processed. The reason the reward was not processed will be posted to the member's account on the Active&Fit Enterprise website within 30 days of receipt of the submission.

WEBSITE FEATURES

Q: What digital fitness tools and resources are available to Active&Fit ExerciseRewards members?

A: The website has several features, including:

- Fitness center search—members find participating fitness centers that automatically report visits and may offer guest passes through the Active&Fit ExerciseRewards program
- Access to a variety of on-demand workout videos
- Workout Plans—members can answer a few questions about their fitness level and goals to get personalized workouts.
- The quarterly newsletter
- Exclusive resources and articles in the online library

Q: How do members leave a fitness center?

A: Members must call Customer Service at 1.877.771.2746. Fees are nonrefundable.

The Active&Fit ExerciseRewards and Active&Fit Enterprise programs are provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of ASH. All programs and services are not available in all areas. Persons shown are not Active&Fit ExerciseRewards members. Active&Fit ExerciseRewards, Active&Fit Enterprise, and the Active&Fit Enterprise logo are trademarks of ASH. Other names or logos may be trademarks of their respective owners. Nonstandard services at the fitness center that call for an added fee are not part of the Active&Fit ExerciseRewards program. Fitness center participation may vary by location and is subject to change.

Visit Submission Form

Part A: Member Information

Note: If you are attending a participating Active&Fit Enterprise™ fitness center to earn rewards, you do not need to submit a Visit Submission Form. Your activity will be tracked and submitted automatically. This form should be used if you do not have online access or if you are attending a qualifying fitness center not in the Active&Fit Enterprise network.

Last Name _____ First Name _____ M.I. _____

Health Plan _____ ID # _____

Date of Birth (MM/DD) _____

Street Address _____

City _____ County _____

State _____ Zip Code _____

Phone Number _____ Email (optional) _____

Part B: Proof of Workouts

Please complete one form per fitness center you use. If you do not earn points through any other tracking method, you need to work out at least 10 times per month at a qualifying fitness center to receive your reward.

Submit a printout from your fitness center or submit this log for visit dates (MM/DD/YY) for the requested benefit period as soon as you meet the visit requirement. You do not need to wait until the end of the benefit period.									
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.
11.	12.	13.	14.	15.	16.	17.	18.	19.	20.
21.	22.	23.	24.	25.	26.	27.	28.	29.	30.
31.	32.	33.	34.	35.	36.	37.	38.	39.	40.
41.	42.	43.	44.	45.	46.	47.	48.	49.	50.

Fitness center information must be legible and complete for your reward to be processed.

Fitness Center Name _____

Fitness Center Street Address _____

City _____ State _____ Zip Code _____

Fitness Center Phone Number _____

Failure to submit this form completed with all required information may result in your form being returned to you.

I certify the information above is correct. I also understand it is a crime to knowingly submit false information or requests to obtain compensation and that any such actions may result in termination from the Active&Fit ExerciseRewards™ program.

Fitness Center Staff Signature: _____
Signed _____ Printed _____ Date _____

Member Signature: _____
Signed _____ Printed _____ Date _____

Email this completed form to Fitness@ExerciseRewards.com*, or mail to:

Active&Fit ExerciseRewards
P.O. Box 509117
San Diego, CA 92150-9117

***Please do not email photo files (JPEG, PNG, etc.); please email documents as attachments in PDF or Excel format.**

All forms are available at **ActiveandFit.com** or by calling 1.877.771.2746.

Once your 10 visits are processed, you will receive a redemption email advising you to log in to the Active&Fit Enterprise website. Go to the Rewards page and click "Available to redeem" and select your incentive period. Your check will be mailed within 14 days after you redeem. If you are unable to redeem your reward on the website, Active&Fit ExerciseRewards will automatically redeem your reward approximately 30 days after your reward period in which you earned your reward.

Remember:

- Qualifying fitness centers must offer regular cardiovascular, flexibility, and/or resistance training exercise programs; must offer a membership agreement; and must have staff oversight. Fitness centers outside of the 50 U.S. states and District of Columbia do not qualify. Refer to ActiveandFit.com for exclusions and limitations.
- Only one exercise session may be logged per calendar day. There must be at least 8 hours between sessions.
- All workouts must be completed at a qualifying fitness center to earn the reward. At-home workouts will not be accepted.

Your Visit Submission Form must be received **no later than 90 days** following the end of each reward period. Your group's benefit plan year is determined by your group's effective and renewal dates. For questions regarding your group's benefit plan year, contact Active&Fit ExerciseRewards Customer Service at **1.877.771.2746**.

Your health plan/employer is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at **1.877.771.2746** Monday through Friday, 7 a.m. to 8 p.m. Central time, and we will explain how you can work with your physician to find an alternative wellness program with the same reward that is right for you in light of your health status.

Explanation of Benefits (EOBs)

When a claim is filed under your health plan, you will receive an explanation of benefits (EOB) from Aspirus Health Plan. An EOB is not a bill. The EOB shows the amounts paid by Aspirus Health Plan on your behalf and shows any financial responsibility you may have. EOBs contain a lot of detailed information. The sample below provides descriptions for each field so you can better read and understand this document.



Explanation of Benefits

Printed Date: 7/28/2022

THIS IS NOT A BILL

PO Box 1062
Minneapolis, MN 55440
Customer Service
1-866-631-5404
Receive your EOBs online
Visit AspirusHealthPlan.com

JOHN R SMITH
6105 GOLDEN HILLS DRIVE
GOLDEN VALLEY MN 55416

Subscriber Smith, John R		Patient Smith, Jane M		Patient ID 80999999901		Group Aspirus Sample Employer Group				Group/Policy ASP12345	
Claim Number 01010100AA00		Dates of Service 06/22/2022 - 06/22/2022		Patient Control Number AAA-BBB-012345			Reference Number / Payee / Paid Date D123452021032412000330 / Provider / 07/06/2022				
Provider: Wisconsin Physician Services 123 Main St WI 54444											
					5Member Responsibility						
1Dates of Service	2Description	3Charges	Provider Respons. Amount	Allowed Amount	Deductible Amount	Co-pay Amount	Co-insurance Amount	Patient Non-Cov Amount	6Paid Amount	7Amount You Owe	Notes ID
06/22/2022	Practitioner Visit Outpatient	393.00	121.67	271.32	3.00	0.00	40.25	0.00	228.08	43.25	PFS
06/22/2022	Raidology Services	248.00	116.84	131.16	0.00	0.00	19.67	0.00	111.49	19.67	PFS
Totals		641.00	238.51	402.49	3.00	0.00	59.92	0.00	339.57	62.92	
Total Charges										641.00	
Total Benefit Amount										339.57	
Total Amount Paid By Other Insurance										0.00	
Total Amount You Owe										62.92	

8 Notes
PFS This amount represents the provider discount.

- Dates of Service** – the date(s) you received services.
- Description** – the type of service or products you received from your provider.
- Charges** – the full amount billed by your provider to your health plan.
- Provider Responsibility Amount** – the amount discounted from your charges by using an Aspirus Health Plan in-network provider.
- Member Responsibility** – this section illustrates the charges you are responsible for, which includes your deductible, copay, coinsurance and non-covered amounts.

- Paid Amount** – this is the amount of eligible charges paid by your health plan.
- Amount You Owe** – this reflects the portion of the bill that was not covered. You will be invoiced by your provider for the amount you are responsible for.
- Notes ID** – when present, these notes provide information about the claim.

Questions?

Contact Customer Service at **1.866.631.5404**

Life is Unpredictable...
we can help.

Employee Assistance
Services

EMPLOYEE ASSISTANCE SERVICES

An Aspirus Business Health Solution

aspirus.org/EAS



Life in Balance

Everyday life can be challenging at times as we juggle work and personal responsibilities.

Aspirus Employee Assistance Services provides licensed professionals who are there to support you and your family members in finding help through short-term counseling.

Eligibility for Services

Employees and household members are eligible for free and confidential services.

*Improving employee well-being by
helping resolve personal issues.*



Aspirus EAS Can Help With:



- Marital or Family Matters
- Children and Adolescents
- Community Resource Guidance
- Alcohol, Drug Abuse and Other Addictions



- Work and Family Balance
- Stress Management
- Workplace Issues
- Financial Stress



- Health and Wellness Support
- Grief and Loss
- Depression and Anxiety

Confidential Helpline

800.236.4457

Counselors available 24/7

Office appointments can be made
during the hours of 8:00 am - 4:30 pm,
Monday - Friday.