

Employee Benefits



Handbook 2024

Aspirus Mission - We heal people, promote health and strengthen communities.



Information in this booklet subject to change, please check the Aspirus intranet for the latest information.

HR Solutions Center | 715.843.1282

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Disclaimer

All benefits in this booklet are subject to change. This is an Employee Benefits Guide and not a contract. This booklet highlights the main features of the benefit plans sponsored by Aspirus Health. Full details of these benefits are contained in the legal documents governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. Plan documents are available at aspirus.org/totalrewards or by contacting the HR Solution Center as listed above.



To All Employees

Thank you for your commitment to Aspirus Health and the patients and communities we serve. Our commitment to you is reflected in our continuous, significant investment in our pay and benefit programs which make up Aspirus' comprehensive Total Rewards program. Our health and welfare benefits program provides both choice and value to meet the needs of our diverse workforce.

Making benefits choices can sometimes be a bit overwhelming, so we have tools and information to help you make the right choices for you and your family.

Benefits Booklet

This booklet offers a comprehensive overview of your health and welfare benefits options, including details about eligibility, enrollment, and the plans available to you. It also explains how changes in your life and employment status can affect your benefits.

Know Where to Get the Most Up to Date and More In-Depth Information

Enrollment guides are sometimes updated throughout the year. For the most up to date, and more in-depth information on benefit plans head to aspirus.org/totalrewards. This site is completely accessible from home, so you and your family can easily review this information on your personal computer, smartphone, or tablet.

The Human Resources Solution Center is Here to Help!

The HR Solution Center is comprised of your fellow Aspirus team members. If you have questions, please reach out to the HR Solution Center via email at humanresources@aspirus.org or call 715.843.1282, or extension 31282.

Again, thank you for living the Aspirus Values of Compassion, Accountability, Collaboration, Foresight, and Joy in all that you do for our patients and communities. Please take advantage of the wide array of benefits offered by Aspirus Health to help protect you and your family.

Aspirus Values

The principles that guide how we work together. They set clear expectations for how we act to create the best experience for our customers.



Eligibility and Enrollment

Benefit enrollment must be completed within 30 days of hire and 31 days for status change to a benefit eligible position. If the benefit enrollment process is not completed by the deadline, it will be designated as an election not to participate in the benefit coverage.

Benefit Effective Date

For new employees, benefits go into effect the first day of the month following 30 days of employment and the timely completion of your enrollment as noted above.

For employees who have experienced a status change, benefits are effective the first of the month following the date of the change in status and timely completion of your enrollment.

Benefit Plan Eligibility

Employees hired to work a 0.6 FTE* (24 hours per week) or higher, are eligible to participate in the Aspirus Health employee benefit plans.

Your Dependent(s)

Qualified dependent(s) include your spouse, domestic partner*, children of a covered domestic partner, children up to age 26 regardless of student or marital status, and disabled children over age 26. Please note Spouse refers to Spouse or Domestic Partner in this booklet.

Dependent social security numbers are required to support government requirements such as Form 1095-C and COBRA notifications.

Due to unique tax implications, please contact Human Resources for enrollment of a domestic partner and dependents of domestic partner*.

*** Not available to employees of Aspirus Langlade Hospital.**

Changing Your Benefit Elections

New Hire Employment and annual Open Enrollment are the only times you can change most benefits and who is enrolled, unless you experience a life event:

Examples include:

- Marriage or divorce
- New Child (Birth or Adoption)
- Death of a covered dependent
- Gain/Loss of Other Coverage
- Change in your child's benefit eligibility
- Becoming newly eligible for Medicare or Medicaid during the year
- Change in employment status affecting benefit eligibility

You must notify and provide the appropriate documentation to Human Resources within 31 days of a qualifying event. If you miss the notification deadline, your next opportunity to make changes will be with the next open enrollment period.

Employee Benefit Contributions

Employee benefit plan contributions are determined annually on January 1. Contributions are based on plan election. Premiums are taken twice per month (24 deductions per year) beginning the first month of coverage. You and Aspirus share the cost of your Aspirus Benefits. You pay your share of Health, Dental, Vision and Flex benefit costs before federal, state and Social Security taxes are calculated. If you elect other coverage such as the Voluntary benefits of Accident, Critical Illness or Hospital Confinement insurance, or supplemental life insurance you pay for this coverage with after-tax deductions.

Aspirus pays for:	You pay for:	While Aspirus pays the majority of the cost, you and Aspirus share the cost of:
Basic Life and AD&D Insurance	Vision	Health
Short-Term Disability	Flex Spending Accounts	Dental
Long-Term Disability for full-time employees	Optional Life - Employee, Spouse, Dependent	
Employer Paid Life Insurance	Long-Term Disability buy up (most full-time employees)	
Wellness Program and Wellness Incentive	Long-Term Disability (most part-time employees)	
Wondr Health	Identity Theft	
Active & Fit Exercise Rewards	Pet Insurance	
Employee Assistance Program	Voluntary Benefits - Accident, Critical Illness, Hospital Confinement	
PTO	403b Employee Contribution	
Tuition Assistance		
Recognition & Rewards Program		
Retirement Plan Investment Advisory Services - CAPTRUST		
403b Matching Contributions		
Tele Health - MDLIVE, Nurseline		

2024 Insurance Plan Rate Information

For 2024 premium information, please refer to the 2024 Employee Health Insurance Plan Rates handout for complete details. Premium information is also available on the intranet under:

[HR-164d_Rate Sheet_System_2024_FINAL.pdf](#)

[HR-164e_Rate Sheet_Langlade_2024_FINAL.pdf](#)

How to Enroll in Insurance Benefits

The online benefit enrollment is easy and takes only a few minutes to complete by following these steps:

1. From the Aspirus intranet, click on the [Life & Career](#) link.
2. Under [Employee One Stop](#), select [Infor GHR](#) and log in using your Network ID and Password.
3. Select Benefits from the menu on the left side of the page and go to the Life Events tab.
4. As a new employee or employee recently becoming benefit eligible, choose the Newly Eligible event. During open enrollment, use the Open Enrollment event.
5. Follow the prompts to complete your online enrollment.
6. Once you've made your elections, select submit to confirm your enrollment. An email will be sent to you with your enrollment confirmation attached. Be sure to review your confirmation statement for accuracy.
7. Log out of Global Human Resources (GHR) once enrollment is complete.

For assistance completing your enrollment, please contact the [Human Resources Solutions Center](#).

Please reference [page 30](#) for details on enrollment in the Aspirus Retirement Plan.



Aspirus Value **Compassion**

We demonstrate caring in all we do, and cherish the honor of improving lives.

COMPASSION



Health Insurance

Administered by Aspirus Health Plan

Aspirus Health offers a system-wide health insurance plan through Aspirus Health Plan (AHP). You have the option to waive coverage, or select from the following levels of coverage:

- Employee only
- Employee + spouse/domestic partner
- Employee + child(ren)
- Employee + family

Please review the following definitions that are used by the plan

Deductible: The specific amount you are required to pay for covered expenses in a calendar year before benefits are payable under the Plan.

Co-insurance: Your share of the costs of a covered health care service after the deductible has been met, calculated as a percent of the charge for a covered expense. Your co-insurance is limited by an annual out-of-pocket maximum.

Out-of-pocket maximum: The maximum amount of covered expenses you will pay for a covered person each calendar year including the annual deductible, co-insurance and copays. When you reach this limit, the plan will pay 100% of any covered expenses for the remainder of the plan year.

Copay: The specific dollar amount that you are required to pay to the health care provider towards the charge for certain covered expenses. (Note: copays are not applied to the health insurance deductible, but they are applied to the out-of-pocket maximum).

Maintenance Medication Program

90 day prescriptions are required for most maintenance medications. Qualifying medications will be refilled with a 90-day supply offering member convenience and Plan savings.

- 3-month supply at a 2-month copay, or at cost if lower!
- Refills for maintenance medications will need to be written as a 90 day supply and filled through the Aspirus Mail Order, or at an Aspirus Retail Pharmacy location.
- New members will have a grace period of two prescription fills at a retail pharmacy. Subsequent refills of maintenance medication, through a retail pharmacy, will be denied.
- For questions or assistance, contact your prescribing physician or an Aspirus Pharmacy.

Aspirus Pharmacy - Wisconsin Locations
Aspirus Pharmacy - Wausau
Aspirus Pharmacy - Medford
Aspirus Pharmacy - Rhinelander
Aspirus Pharmacy - Stanley
Aspirus Pharmacy - Stevens Point
Aspirus Pharmacy - Wausau - Westwood Center Boulevard
Mail Order - To be filled through Aspirus Pharmacy - Wausau - Westwood Center Boulevard
Aspirus Pharmacy - Michigan Locations
Aspirus Pharmacy - Houghton
Aspirus Pharmacy - Keweenaw
Mail Order - To be filled through Aspirus Pharmacy - Keweenaw

Health Insurance

Highlights

- Take advantage of in-network preventive services available at no cost to you, such as: annual wellness visits, health screenings, and more.
- One routine eye exam with an in-network provider is fully covered per member per calendar year.

Tier Information

Aspirus Health Plan, our employee insurance administrator, offers a robust network of highly rated providers. Using your employer owned health services not only provides value, but it also helps keep the cost of healthcare affordable for all.

In-network services received outside of the Aspirus, Inc. Network will be applied to Tier 2.

- Tier 1 offers the lowest out-of-pocket costs and includes our own Aspirus Hospitals, Clinics, physicians and advanced practice providers and affiliated providers in the Aspirus, Inc. Network.
- Tier 2 includes providers and facilities in the Signature network and the Aetna wrap network outside of Wisconsin.
- Tier 3 includes out-of-network facilities and providers of your choice.

The Aspirus Network also offers

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

Tier 1 ANI Preferred Network Hospitals

WISCONSIN

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

MICHIGAN

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



Health Insurance

Tier 2 Signature Network Hospitals*

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

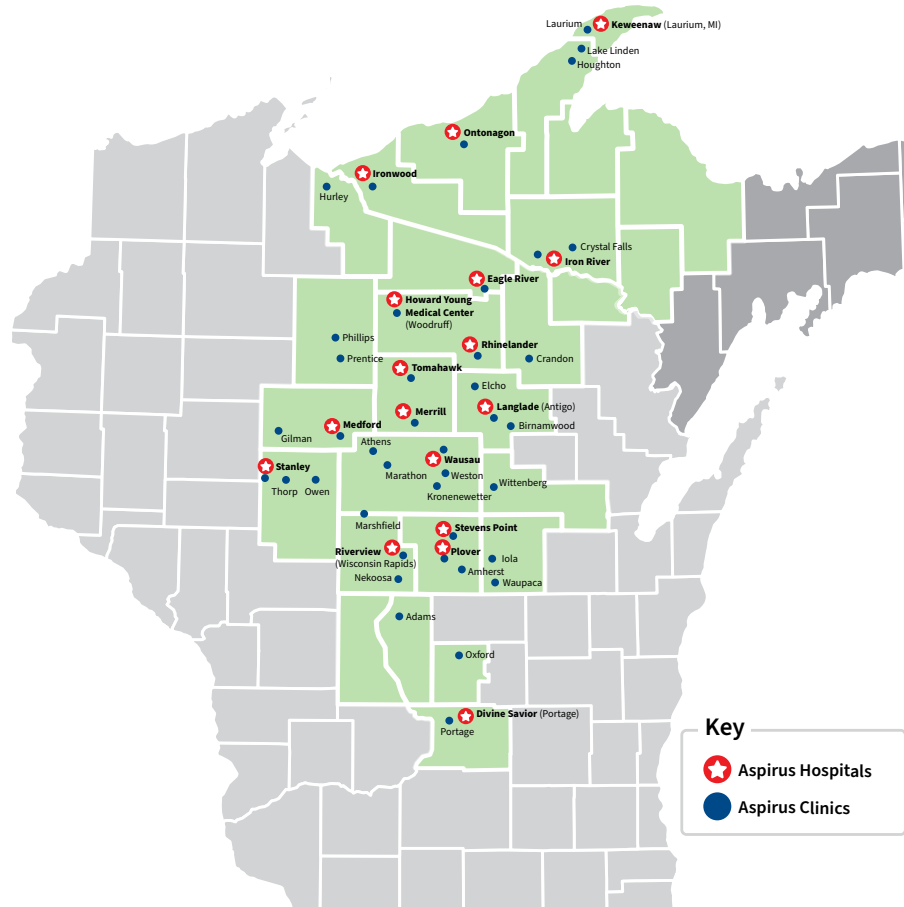
***Not an exhaustive listing of Tier 2 in-network providers.**

Providers are subject to change. To find current information and to confirm specific providers are in-network, access the online directory at p1.aspirushealthplan.com/find-a-doctor/.

To Search by Network, from the drop down, select:

- Aspirus Employee Group - ANI Preferred (Tier 1)
- Aspirus Employee Group - Signature Network (Tier 2)
- Aspirus Employee Group - Aetna Outside of WI (Tier 2)

You can also contact the health plan at 1.866.631.5404 to find an in-network provider.



2024 Aspirus Health Plan Design

NETWORK	IN-NETWORK TIER 1	IN-NETWORK TIER 2	OUT-OF-NETWORK
	Tier 1 ANI Preferred Network	Tier 2 Signature Network	Tier 3 Out-of-Network
Deductible Amount per Calendar Year			
Single	\$1,750	\$2,000	\$7,500
Family	\$3,500	\$4,000	\$15,000
Co-Insurance After Deductible (Member Responsibility)	15%	20%	50%
Maximum Out-Of-Pocket Expense			
Single	\$4,000	\$4,500	\$10,000
Family	\$8,000	\$9,000	\$20,000
Office Visit	Primary Care & Walk-In \$25 copay Specialty - \$50 copay	Primary Care & Walk-In \$30 copay Specialty - \$60 copay	Deductible then 50%
Emergency Room Visit	Deductible then 15% co-insurance plus \$300 copay (waived if admitted)		
Preventive Care	100%	100%	Deductible then 50%
Routine Eye Exam	100%	100%	100%
Therapy (Physical, Occupational & Speech)	\$25 copay (40 visits max per year)	\$30 copay (40 visits max per year)	Deductible then 50%
MRI (Back, Knee & Hips)	Deductible then 15% plus \$150 copay	Deductible then 20% plus \$150 copay	Deductible then 50% plus \$150 copay
Outpatient Surgery	Deductible then 15%	Deductible then 20%	Deductible then 50%
Diagnostics, Labs, X-rays, etc.	Deductible then 15%	Deductible then 20%	Deductible then 50%

Each Tier has its own deductibles and maximum out-of-pocket amounts.

- Tier 1 services that apply to the deductible and maximum out-of-pocket amounts will also apply to the Tier 2 deductible and maximum out-of-pocket amounts.
- Additionally, Tier 2 services that apply to the deductible and maximum out-of-pocket amounts will also apply to the Tier 1 deductible and maximum out-of-pocket amounts.
- Services received from Tier 3 providers (out-of-network) will not apply to Tier 1 or Tier 2 deductibles and maximum out-of-pocket amounts.

PRESCRIPTION DRUGS	Up to a 30-Day Supply	90-Day Supply
Tier 1*	\$10 copay or at cost if lower	\$20 copay or at cost if lower
Tier 2*	20% up to a maximum of \$50	20% up to a maximum of \$100
Tier 3*	30% up to a maximum of \$75	30% up to a maximum of \$150
Specialty	20% up to a maximum of \$150	(Not Applicable)

* The prescription drug tiers do not correspond to the health plan network tiers. Each drug is classified by tier for cost purposes per the [drug formulary](#). Copays for covered prescriptions will apply to both Tier 1 and Tier 2 maximum out-of-pocket.



Health Insurance

The Right Care. At the Right Time. At the Right Place.

Knowing your options helps ensure you get the best health care possible.

To Find An In-Network Provider

- Go to aspirushealthplan.com
- Select Group and Individual Plans
- Under the “For Members” drop down, select Find a Doctor
 - You can also go directly to p1.aspirushealthplan.com/find-a-doctor/
- You can then search by your member ID or by network
 - Enter your Member ID located on your Benefit ID Card, or
 - To Search by Network, from the drop down, select:
 - Aspirus Employee Group – ANI Preferred (Tier 1)
 - Aspirus Employee Group – Signature Network (Tier 2)
 - Aspirus Employee Group – Aetna Outside of WI (Tier 2)

Refer to the Summary Plan Description for details on specific coverage. The Summary Plan Description can be found on the intranet at aspirus.org/totalrewards.

Important: To avoid a claim denial or out-of-network charges, it is your responsibility to update your insurance with each of your providers and verify coverage and provider network before seeking services.

Preventive Care

The Aspirus Health health plan offers a preventive care benefit which provides services such as: routine physical examinations, immunizations, routine eye examinations or well-baby care. These preventive services are covered at 100% when seeking care from an in-network provider. To have your deductible and co-insurance waived for routine services:

- You need to see an in-network provider
- Your provider needs to code the service as preventive
- The service cannot be considered diagnostic

If during a routine exam a non-routine component is added (additional test, procedure or lab work for example), all or part of the entire visit may be subject to deductible and co-insurance.

The Plan will cover one colonoscopy every five years at 100% regardless of diagnosis and without minimum age restriction.

Need a Primary Care Provider? Call the Aspirus Health Welcome Center!

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.

They can also:

- Assist with transferring your medical records to Aspirus Health.
- Obtain 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 questions you may have, or direct you to the appropriate resource for more information.

For more information, contact the Welcome Center at 715.847.2613 or (toll-free) 833.811.4176.



Aspirus Value Accountability

We commit to our work, recognize our power to make a difference, and embrace the responsibility to advocate for each person we serve.

ACCOUNTABILITY



Health Insurance

Access to exceptional care has never been this easy!

MDLIVE Virtual Visits

If you are not able to see your primary care provider, you have additional convenient options that are cost-effective. This option for care provides you the ability to receive virtual care, wherever you may be. Minor illnesses or conditions such as abdominal pain, pink eye and rashes can be evaluated using MDLIVE.

Walk-In Clinics

When your regular health care provider is not available, walk-in clinics provide convenient access without an appointment.

Emergency Department

Available to use for serious, acute, life-threatening conditions.

Aspirus 24/7/365 Nurseline

The Nurseline solution, which is totally free to Health Plan enrollees, provides valuable assistance and allows you to receive help quickly & efficiently. Support is available 24/7/365, and there are no pre-qualifications for services.

To get assistance using the Aspirus Nurseline call the number on the back of your Aspirus Health Plan (AHP) ID card.



DID YOU KNOW?

A “Nurse First” approach is a free and excellent way to avoid a costly emergency room bill when your condition is not life-threatening. Call the Aspirus 24/7/365 Nurseline to help you determine your next steps for care with just one free phone call. **1.715.843.1236**

Right Care, Right Time, Right Place

MDLIVE



Abdominal Pain



Pink Eye



Depression



Rashes & Itching

Primary Care or Office Visit



Preventive Screenings/Tests



Annual Exams



Migraine



Flu & Other Vaccines

Urgent Care or Walk-In Visit



Cuts Needing Stitches



Strains & Sprains



Bronchitis



Animal or Insect Bites

Emergency Room Visit



Broken Bones



Chest Pain



Severe Burns



Thoughts of Suicide
or Self-Harm



Health Insurance

Comprehensive Care Coordination

Dedicated to helping employees and their dependents navigate the complexities of the health care system, the Aspirus Comprehensive Care Coordination Program provides services free of charge to members who are or may be at high risk for chronic illness. The goal of the program is to improve health and avoid health crisis.

Medication Therapy Management

Medication Therapy Management (MTM) is a patient focused process providing an opportunity for an Aspirus pharmacist to review your medications with you, answer any questions you may have and identify opportunities for improvement which could reduce cost, complexity and side effects of your medication.

You can request to participate in MTM by contacting Care Coordination or you may be contacted by Care Coordination to participate at 715.843.1061.

MTM will be an eligible Reasonable Alternative Standard activity under the Aspire to Be Well program in 2024.

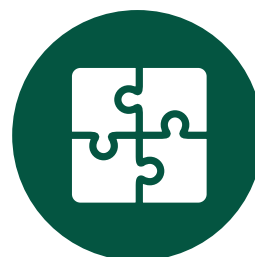
ID Card Information

- For ID Cards go to aspirus.org/totalrewards, Plan Info & Documents, ID Cards
- New Health Insurance ID Cards will be issued to all enrolled employees due to plan design changes.

Aspirus Value Collaboration

As a team we improve our patients' lives; through partnerships we improve the health of our communities.

COLLABORATION



Voluntary Benefits

You can choose from Accident, Critical Illness, and Hospital Insurance benefits independently. These plans pay cash if you or an eligible family member experiences a covered event. The money can be used for anything. For example, daily living expenses, bills, or gas.

For full Voluntary Benefits information, exclusions, and limitations, visit the Aspirus Intranet under **Voluntary Benefits** or go.voya.com/aspirus.

Accident & Hospital Coverage Levels	Critical Illness Coverage Amounts	Wellness Visit Benefit
Employee Only	\$10,000, \$20,000, \$30,000	\$100
Employee + Spouse/ Domestic Partner	50% of employee benefit amount (\$5,000, \$10,000 or \$15,000)	Employee = \$100 Spouse/Domestic Partner = \$100
Employee + Children	\$5,000	Employee = \$100 Child = \$50 per dependent child (Maximum of \$200 for all children)
Family	N/A	Employee = \$100 Spouse/Domestic Partner = \$100 Child = \$50 per child (Maximum of \$200 for all children)

Full rate details for Accident, Critical Illness, and Hospital Insurance are located on the 2024 Employee Health Insurance Plan Rates.

All Voluntary Benefit premiums will be paid through payroll deduction and are taxable. Benefit payout(s) will not be subject to ordinary income tax when benefit(s) is received.

Wellness Visit Benefit

The voluntary benefits Accident, Critical Illness and Hospital insurance also include an annual Wellness Benefit payment for you and your eligible family member(s). Attend your annual wellness visit or complete a health screening, submit a claim electronically and receive a cash payment.

Examples of types of tests or screenings eligible for a wellness benefit include:

- HDL & LDL serum cholesterol test
- Immunizations
- Molecular or antigen COVID-19 test
- Fasting glucose test

The Wellness Visit benefit can be combined to double or triple your annual benefit payment amount when all three Voluntary Benefits (Accident, Critical Illness, and Hospital Insurance) are elected.

Accident Insurance

Receive a cash payment for the coverage amount if you are injured off the job.

Examples of events eligible for payable benefits:

- Blood, plasma, platelets - \$400
- Emergency Room Treatment - \$150
- Concussion - \$150
- Initial Doctor Visit - \$60
- Hospital Admission - \$1,000
- Follow-up doctor visit - \$60
- Hospital Confinement - \$300

Domestic System Benefit

If services for your covered accident are provided at a covered facility that is owned by Aspirus, the accident insurance benefit will be increased by 25% to a maximum additional benefit of \$1,000.

Critical Illness Insurance

Receive a cash payment for the coverage amount if you become ill with a covered condition or illness. Examples of diagnosis eligible for payable benefit are:

- Heart Attack
- Cancer
- Stroke
- Major Organ Transplant
- Coronary Artery Bypass (25% of benefit amount)
- Carcinoma in situ (CIS) (25% of benefit amount)



DID YOU KNOW?

66% of workers who personally experienced a critical illness reported having to make financial sacrifices to meet uncovered medical or non-medical costs, despite having health insurance.

(Source: Society of Human Resource Management)

Hospital Insurance

Pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. The daily benefit amount(s) paid depends on the type of facility and the number of days of confinement:

- Critical Care Unit - \$200
- Hospital - \$100
- Initial Confinement - \$1000
- Rehabilitation Facility - \$50

For more information about the Voluntary Benefits offered, use the QR code or visit go.voya.com/aspirus.



Flexible Spending Accounts

Administered by Employee Benefits Corporation (EBC)

Aspirus offers two types of flexible spending accounts

- Healthcare Flexible Spending
- Dependent Care Flexible Spending

Flexible Spending Accounts are independent from other benefits Aspirus offers. Therefore, you do not need to be enrolled in health or dental benefits to participate in FSA.

How Does a Flexible Spending Account (FSA) Benefit Me?

You can save money on taxes on a variety of eligible expenses! A few examples include contact solution, dental fillings, and copays. Healthcare FSA Plan Features:

Healthcare FSA Plan Features

- Use pre-tax payroll deductions to pay for eligible medical, dental and/or vision expenses.
- EBC Benefits Card is available at no cost. Similar to a debit card, the EBC Benefits Card may be used where Master Card is accepted to pay for eligible expenses. All new enrollees in the healthcare flexible spending account will receive one card in the mail. A second card can be requested in a dependent's name by contacting EBC.
- Submitting claims is easy using the EBC mobile app, online submission or via paper form available on the intranet or at ebcflex.com.
- Healthcare FSA balances remaining after December 31st, 2024 of up to \$640 will be carried forward and may be used toward expenses incurred after January 1st, 2025. Amounts over \$640 will be forfeited. **Please carefully estimate your calendar year deduction as election amounts can only be changed mid-year under very limited circumstances.**

Dependent Care FSA Plan Features

Use pre-tax payroll deductions to pay for child or adult dependent daycare expenses while the employee is actively working, seeking work, or attending school.

- The maximum annual contribution is \$5,000.
 - Your full election amount is not available to you right away - you may only utilize funds that have been deducted from your paychecks.
- Claims can be submitted online at ebcflex.com or through EBC's mobile app. You may also submit claims via paper form.
- Eligible expenses generally include those for which care is provided for the well-being and protection of the dependent. This includes:
 - Au pairs
 - Nannies
 - Daycare
 - Day Camps
 - Nursery Schools
 - Preschools
 - Babysitters (if care is provided while participant is working)

- For more details on eligible expenses, please reference Dependent Care FSA Eligible Expenses on the intranet at aspirus.org/totalrewards.
- Any money left in the dependent care FSA at the end of the year will be forfeited, as required by IRS regulation.

TAX SAVING EXAMPLE	
You Deposit	\$3,200 in your Healthcare FSA
You Save	\$640 in Federal Tax Income*
You Save	\$245 in FICA taxes**
Your Take Home	\$885 in Yearly Tax Savings
*Assumes Federal Income Tax Rate of 20%	
**Includes Social Security Tax Rate of 6.2% and Medicare Tax Rate of 1.45%	

Plan Maximums

- Annual maximum is \$3,200 for healthcare FSA and \$5,000 for dependent care FSA.

Don't Forget

- You can submit your 2023 claims through March 31, 2024 to EBC for processing.
- \$610 can be carried forward under your healthcare FSA from 2023 to 2024 and may be used to offset expenses incurred in 2024.
- \$640 can be carried forward from 2024 to 2025 and may be used to offset expenses in 2025.



DID YOU KNOW?

Your full Healthcare FSA election is available the first day your benefits take effect. This allows you to pay for all eligible medical expenses as you incur them during the year.

Why Do Certain Benefits Card Transactions Require Validation?

It is important that reimbursement is made only for eligible expenses. Payments made to medical, dental or vision practices are not automatically validated like they are at retailers or pharmacies. In those cases, you will be required to provide proof that the transaction was valid. A simple way to validate your purchase is to upload your documentation electronically to EBC or via EBC's mobile app.



Dental Insurance

Administered by Delta Dental of Wisconsin

You have the option to elect no coverage, or select from the coverage levels below:

- Employee only
- Employee + child(ren)
- Employee + spouse/domestic partner
- Employee + family

Dental Plans Available

Aspirus offers the choice between two dental plans, Base and the Premier Plan, and both are designed to promote diagnostic and preventive care. The Premier Plan also provides comprehensive coverage for Basic, Major, and Orthodontia related services. Your summary plan document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply.

For both plans, a provider in the PPO network will offer the greatest savings.

Examples of covered expenses under both plans

- Diagnostic & Preventive Services: routine oral exams twice per calendar year, including teeth cleaning, bitewing x-rays once per year, and full-mouth x-rays once every 5 years are also covered
- Fillings, emergency treatment to relieve pain, and Check-Up Plus™



DID YOU KNOW?

Check-Up Plus™ is a feature of our dental plan which allows you to receive routine cleanings twice per year that do not apply toward the annual maximum benefit under the plan!

Highlights

- Diagnostic and preventive services covered at 100% (deductible is waived.)

Premier Plan Features

- Evidence-Based Integrated Care Plan (EBICP) is available on the Aspirus dental plan. This benefit allows for up to 4 cleanings and/or topical fluoride applications for individuals with certain conditions such as: high-risk cardiac conditions, suppressed immune systems, kidney failure or dialysis, cancer therapy, periodontal disease, diabetes, and pregnancy.
- \$1,000 annual individual maximum benefit
- Adult Orthodontia
- To find a provider or to learn more about Delta Dental, visit the Delta Dental website at deltadentalwi.com

Benefits from Delta Dental

As a Delta Dental subscriber, you may see any dentist you like. However, when you select a Delta PPO Dentist or Delta Premier Dentist, you are guaranteed the fullest benefits of your program. A list of Delta PPO or Delta Premier Dentists are available at deltadentalwi.com, or by calling Delta Dental toll free at 800.236.3712.

ID Cards

If you are not making a change to your level of coverage or your plan, you may continue to use your current dental card. If you change your level of coverage or plan, you will receive a new dental card.



Advantages of Delta PPO and Delta Premier Network Dentists

- Agreed-to fee ceilings (no balance-billing). If his/her normal charge is higher than the fee ceiling, he/she can't pass the balance on to you.
- Additional fee schedule savings. Dentist agrees to a reduced fee schedule. Saves out-of-pocket expenses for you. (Applies only to Delta PPO dentists.)
- Convenient claims processing.
- Dentist is required to file claims on your behalf, saving you the hassle of doing so yourself. Claims payments go directly to the dentist.

Non-Delta Dental Providers

The plan pays “usual and customary” fees for eligible expenses. A “usual and customary” fee is the fee the carrier establishes as the benefit to be paid by the plan. The carrier selects this fee from a range of fees charged for the same service in the zip code area.

2024 ASPIRUS DENTAL PLAN DESIGN						
	PREMIER PLAN			BASE PLAN		
	Delta Dental PPO™ Network	Delta Dental Premier® Network	Out of Network	Delta Dental PPO™ Network	Delta Dental Premier® Network	Out of Network
<i>*deductible applies</i>						
Individual Annual Maximum	\$1,000	\$1,000	\$1,000	\$500	\$500	\$500
Deductible - Individual/Family	\$50/\$150	\$50/\$150	\$50/\$150	\$50 per enrolled individual	\$50 per enrolled individual	\$50 per enrolled individual
Diagnostic & Preventive Exams, cleanings, fluoride treatments, X-rays, space maintainers, sealants	100%	100%	100%	100%	100%	100%
Emergency treatment to relieve pain	100%	100%	100%	80%*	80%*	80%*
Basic & Major Services Fillings	80%*	80%*	80%*	80%*	80%*	80%*
Root canals, treatment of gum disease, repairs and adjustments to bridges and dentures, extractions, and other oral surgery	80%*			No coverage		
Crowns, bridges, dentures and implants	50%*			No coverage		
Orthodontic Services Coverage co-payment Individual lifetime maximum Dependents eligible to Adult orthodontics	50%* \$1,250 Age 26 Yes			No coverage		
CheckUp™ Plus	Yes	Yes	Yes	Yes	Yes	Yes
EBICP	Yes	Yes	Yes	No	No	No
Dependent Eligibility	Dependents are covered to the end of the month they turn 26			Dependents are covered to the end of the month they turn 26		



Vision Insurance

Administered by DeltaVision, a Delta Dental of Wisconsin Plan

Covered Benefits

Participating Providers

Highlights of the vision care benefit provided are:

- Choice of Full Service (includes eye examination) or Materials Only Plan
- Enhanced in-network benefits:
 - 100% covered Vision Examination (excludes contact lens fitting)
 - 100% covered standard eyeglass lenses
 - Retail Frame Allowance covers many fashionable frames in full
- No claim forms. Our Participating Providers file your claims with Delta directly. If you obtain services from a Non-Participating provider, bring the Delta Out-of-Network claim form to your service and have your provider complete then submit the form to Delta directly to receive your reimbursement.

Covered Benefits

Non-Participating Providers

If you obtain services from a Non-Participating provider, please following the steps below to receive reimbursement:

- Bring the Delta Out-of-Network claim form to your service
- Have your provider complete the form
- Submit the form to Delta directly to receive your reimbursement

ASPIRUS VISION PLAN DESIGN		
Calendar Year	Participating Provider	Non-Participating Provider
Copay	None	None (Reimbursed Amounts)
Examinations		
Included in Full Service Plan once every calendar year	Covered 100%	\$38
Lenses		
Once every calendar year	Standard Plastic	
Single Vision	Covered 100%	\$25
Bifocal	Covered 100%	\$35
Trifocal	Covered 100%	\$45
Lenticular	Covered 100%	\$80
Frames		
Once every calendar year	Up to \$150 Retail (20% discount on remaining balance over \$150)	\$55
Contact Lenses (In lieu of Lenses for Frames)		
Once every calendar year	Up to \$150 Retail (15% discount for conventional or 10% discount for disposable of remaining balance over \$150)*	\$105
Medically Necessary**	Covered 100%	\$150
*Contact Fill online at contactsdirect.com **Requires authorization from a vision doctor when some conditions are present. Please contact the plan for more information.		

Discounts on TLC Laser Surgery

The LASIK network gives members expanded access to approximately 600 provider locations nationwide including preferred providers like **LasikPlus, TLC Laser Eye Centers and the LASIK Vision Institute**. Members and their eligible dependents are entitled to **significant and exclusive savings**. In addition, providers must meet EyeMed's stringent credentialing standards to serve members.

Additional In-Network Discounts

- 20% discount on items not covered by the plan at network providers. This discount may not be combined with any other discounts or promotional offers. This discount does not apply to an EyeMed® provider's professional services (i.e. exams) or contact lenses. Retail prices may vary by location.
- 40% discount on complete eyeglass purchases after your plan benefits have been fully used (includes prescription sunglasses).
- 15% discount on conventional contact lenses after your plan benefits have been fully used.
- Members can purchase eyeglasses online and apply their in-network eyeglass benefits at [glasses.com](https://www.glasses.com), [lenscrafters.com](https://www.lenscrafters.com), [targetoptical.com](https://www.targetoptical.com), or [rayban.com](https://www.rayban.com).
- Members can purchase contact lenses online and apply their in-network contact lenses benefits at [contactsdirect.com](https://www.contactsdirect.com).
- Discounts do not apply for benefits provided by other group benefit plans.

How to Maximize Your DeltaVision Plan

- Use providers participating in your vision plan network; your benefit dollars will go farther at participating providers. You can find an up-to-date listing of EyeMed providers [here](#).
- For laser vision correction, LASIK*Plus* is the network provider offering members additional benefits. Additional information can be obtained by calling 1.800.988.4221 or visiting [eyemedlasik.com](https://www.eyemedlasik.com).
- Use your full benefit allowance. Frames and lenses (plastic or contact) each have an annual benefit allowance. **The benefit allowance must be used on a single day purchase; there is no remaining balance if entire allowance is not used after initial purchase.**
- Frequency of benefits: Your benefit frequency is based on calendar year. For example, you'll be covered for another pair of glasses as of January 1 of the next calendar year.
- Participating providers may offer promotional pricing on vision materials. You can partake in either the DeltaVision Network Benefit or the promotional price available, but not both. Your provider can help you to determine which is best for you. If you select the promotional pricing you can submit your expenses for Out-of-Network reimbursement.
- Prescription sunglasses can be purchased with your benefit allowance for frames & plastic lenses.
- A 20% discount may be available on selected brands of non-prescription sunglasses from participating providers, ask your vision provider.
- Premium progressive lenses are more costly than standard progressive lenses. Please discuss your costs for progressive lenses with your vision provider.

Plan Limitations/Exclusions

- Orthoptic or vision training, subnormal vision aids, and associated supplemental testing
- Medical and/or surgical treatment of the eye, eyes, or supporting structures
- Corrective eyewear required by an employer as a condition of employment, and safety eyewear unless specifically covered under the plan
- Services provided as a result of any worker's compensation law
- Plano nonprescription lenses and nonprescription sunglasses (except for 20% discount)
- Aniseikonic lenses
- Services or materials provided by any other group benefit providing vision care
- Two pairs of glasses in lieu of bifocals
- Lost or broken materials are not covered

ID Cards

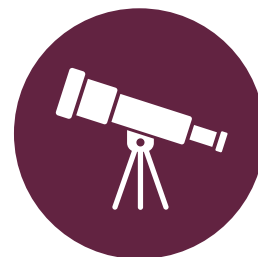
New cards are not sent if there are plan or coverage level changes, and employees can continue to use their current card. Vision cards are more generic, allowing members to hold on to ID cards longer.



Aspirus Value Foresight

We plan and act today to impact the future, and sustain and grow vital resources for those who need us.

FORESIGHT



Short-Term Disability (STD) Benefit

Aspirus helps you bridge the income gap in the event you are unable to work due to your own non-work related illness or injury. Benefits begin after 7 consecutive calendar days off work and are coordinated through Leave Management Services (LMS).

The Aspirus LMS Department administers STD, Family Medical Leave (FML) and Leave of Absences (LOA) for the Aspirus System.

Employee Eligibility/Benefit

- STD benefits are available at no cost to employees in a 0.6 FTE or above and that have continuously worked for Aspirus for 90 days or more.
- If eligible, the employee will receive 66 2/3%* of their regular rate of pay at their current FTE for a qualified disability. *This amount can be supplemented up to 100% pay by using PTO.
- STD payments start on day 8 of the continuous leave for a qualified disability; days 1-7 are the elimination period and are unpaid. An employee may elect to use PTO to be paid for the first week.
- STD payments may continue for up to 180 calendar day maximum; actual paid time is based on the certified disability and eligibility.
- Payment of the STD benefit is made through regular payroll, paid on your normal pay schedule. STD benefit payments are subject to ordinary income tax and payroll deductions.

If you are unable to return to your regular work schedule after 180 days, and if eligibility criteria are met, you may apply for Long-Term Disability Benefits (information summarized below).

Long-Term Disability (LTD) Insurance

Administered by Lincoln Financial Group

Long Term Disability Insurance is available to employees hired to work 0.6 FTE or above. To be eligible, you must have worked for Aspirus on a continuous basis for one full year. You will make your LTD election during your New Hire benefit enrollment. LTD elections can be changed during Annual Open Enrollment and may be subject to Evidence of Insurability. For more information on Long Term Disability Insurance, see the Plan Certificate located on the Aspirus intranet.

All eligible full-time employees hired to work 0.75 FTE (30 hours per week) or above will receive a 50% income replacement benefit paid by Aspirus and may voluntarily elect to buy-up to a 66 2/3% income replacement.

Part-time employees hired to work at a 0.6 to 0.74 FTE are eligible to participate on a voluntary basis and may elect to enroll in a 50% income replacement plan. All benefit eligible executives, physicians, physician assistants and nurse practitioners hired to work 0.6 FTE (24 hours per week) or above will receive a 66 2/3% income replacement benefit paid by Aspirus.



DID YOU KNOW?

37% of workers who survived a critical illness found themselves out of work for four months or longer.

(Source: Society of Human Resource Management)

Employer Paid Life Insurance

Administered by Lincoln Financial Group

- Full-time (0.75 FTE or above) & part-time (0.6 to 0.74 FTE) employees will receive 1 times annual salary up to \$250,000.
- Directors, physicians, physician residents, physician assistants, nurse practitioners, managers and house supervisors will receive 2 times annual salary up to \$500,000.

Imputed Income: The IRS requires you to be taxed on the value of employer-paid group term life insurance over \$50,000. Therefore, if the value of your employer paid life insurance coverage exceeds \$50,000, you will see a line for Imputed Income on your Pay Stub which is considered your “taxable premium” for life insurance.

What Additional Benefits Are Included With Your Life Insurance Benefit?

Support and Guidance

LifeKeys® services provides assistance to you and your loved ones for a wide range of concerns such as:

- Preparing a will
- Identity theft
- Grief counseling
- Legal support
- Contact by phone at 1.855.891.3684
- [GuidanceResources.com](https://www.guidanceresources.com); first time web user, enter WebID LifeKeys

Travel Assistance

TravelConnectSM provides a wealth of travel, medical and safety related services you can access while traveling more than 100 miles from home, for business or pleasure.

Some examples are:

- Medical emergency evacuation and transportation
- Lost or stolen travel documents assistance
- Language translation services
- Contact by phone at 1.800.527.0218, ID#322541

Employee Assistance Program

- **EmployeeConnect** offers professional, confidential services to help you and your loved ones improve your quality of life. Services include:
 - Up to 5 in-person sessions with a counselor per person, per issue, per year
 - In-person consultations with network lawyers, including one free 30-minute consultation per legal issue, and 25% off subsequent meetings
 - Unlimited 24/7 assistance online or via toll-free call: information & referrals on family matters like child and elder care, pet care, vacation planning, financial guidance
 - Online resources through [GuidanceResources.com](https://www.guidanceresources.com) or the mobile app [GuidanceNow](#)
 - Contact by phone at 888.628.4824



Optional Life Insurance

Administered by Lincoln Financial Group

EMPLOYEE COVERAGE	
Purchase Increments	\$10,000
Guarantee Issue Amount at initial eligibility*	\$300,000 not to exceed 3x annual salary, rounded to the next higher \$10,000
<i>*Amounts exceeding Guarantee Issue are subject to medical underwriting or Evidence of Insurability (EOI).</i>	
Coverage Maximum	\$500,000 not to exceed 5x annual salary, rounded to the next higher \$10,000
SPOUSE COVERAGE	
Purchase Increments	\$5,000
Guarantee Issue Amount at initial eligibility*	\$50,000 not to exceed 50% of employee optional coverage
<i>*Amounts exceeding Guarantee Issue are subject to Evidence of Insurability (EOI).</i>	
<i>During Open Enrollment employees may increase their election by 2 increments without EOI. Amounts over 2 increments will require EOI.</i>	
Coverage Maximum	\$250,000
DEPENDENT COVERAGE	
Coverage Amount	
\$10,000	
\$20,000	

Don't Forget

- Add your beneficiary in Global Human Resources (GHR).
- Optional life insurance is an after-tax benefit.

How Much Life Insurance Do You Need?

When calculating how much life insurance is right for you, there are multiple factors that may be helpful for you to consider such as debt, education expense and your final expenses. Resources are also something to consider such as your savings, earnings and other life insurance policies.

Pet Insurance

Pet insurance helps you cover eligible veterinary expenses so you can provide your pets with the best care possible without worrying about the cost.

- Cash back on vet bills after \$250 deductible
- Choice of 2 levels of reimbursement
 - 50% or 70%
- \$7,500 annual benefit that renews each year
- Pre-existing conditions not covered

Covers

- Accidents including poisonings and allergic reactions
- Illnesses including ear infections, vomiting/diarrhea
- Injuries including cuts, sprains, and broken bones
- Hereditary and congenital conditions
- Serious/chronic illnesses including cancer and diabetes
- Dental diseases
- Behavioral treatments
- Rx therapeutic diets & supplements



Wellness500 Preventive Care

- \$500 maximum annual benefit limit to keep costs down.
- Eligible exams, vaccinations, flea prevention, spay or neuter, teeth cleaning

Other benefits

- Lost pet advertising & reward expense
- Emergency boarding
- Loss due to theft
- Mortality benefit

Contact Nationwide for a quote and to enroll

- Mention you're an employee of Aspirus Healthcare to receive preferred pricing
- Enroll at anytime throughout the year!
- Convenient payroll deduction

3 ways to enroll

- benefits.petinsurance.com/aspirushealth
- Call Nationwide at 877.738.7874
- Visit PetsNationwide.com or scan QR Code and enter company name



Renewals

- Pet Insurance policies auto-renew, so employees who are already enrolled do not need to re-enroll.
- Existing members can request to change plans to include My Pet Protection - Wellness500 by contacting Nationwide at their renewal period.



Identity Theft Protection

Safeguard your credit, identity and bank accounts against identity theft.

Plan features include

- Identity Theft Protection
- Credit Monitoring
- Restoration Services

Two plan options

- UltraSecureID
- UltraSecure Premium

Additional features of Premium plan include

- BreachIQ – evaluation of your personal cyber risk
- Mobile Attack Control- alerts when mobile device has been compromised
- Mobile Attack Recovery – remediation & restoration
- Secure My Network – VPN – provides a secure network anywhere, encrypts data
 - Download the mobile app: MySontiq

Two coverage levels are available

- Employee + Children (children are covered at no charge under covered Employee)
- Employee + Family

For more details on this plan, please reference the intranet at aspirus.org/totalrewards.

Employee Discount Platform

One way to combat the rise of inflation is to find discounts on goods and services.

PerkSpot is a discount platform employees can use to find savings online. PerkSpot offers discounts on 25 different categories of good and services like electronics, cars, travel, entertainment tickets, health, fitness and home goods.

- Discounts are available from nationwide brands & vendors and local offerings as well
- The Suggest a Business feature allows employees to request a local business or favorite brand be added to the platform
- PerkSpot can be personalized so discounts on your interests will be front and center and other discounts will be recommended to you based on your interests

No enrollment is required for this benefit. Watch for email communications from PerkSpot to your work email address introducing the plan!



Aspirus Retirement Plan

Administered by Empower Retirement

Aspirus offers a competitive retirement plan in partnership with Empower Retirement and CAPTRUST. Empower is the plan recordkeeper and where you enroll and manage your account (see below for details). CAPTRUST advisors are available to assist you with retirement planning, investment advice, and other financial wellness matters. Advisors can be reached at 1.800.967.9948 or visit them online at captrustadvice.com/

Aspirus 403(b) Retirement Plan

- New employees are eligible to enroll and begin making pre-tax or Roth after-tax contributions upon hire. aspirus.org/employeebenefits/retirement.aspx
- Automatic enrollment at 4% pre-tax following 30 days of hire date if no opt out or other election is made.
- Aspirus matching contributions are 50% of first 6% you contribute.
- Aspirus may make a discretionary non-elective contribution, which will be determined on an annual basis.
- You are always 100% vested in your own contributions to the plan. You are 100% vested in all employer contributions at 3 years of service.
- Additional after-tax contributions (non-Roth) can be made, allowing increased retirement savings after contributing the maximum pre-tax and/or Roth contribution each year. Additional after-tax contributions are not matched.



DID YOU KNOW?

When saving using a Roth after-tax contribution to the 403(b) plan, the income earned on those dollars is distributed to you tax-free, provided you are age 59½ or older and the Roth account has been established for five years.

To register your account and enroll on or after your 1st day of employment, go to empowermyretirement.com, click on Register, and follow the prompts, or call 1.866.467.7756.

For more details about the Plan, refer to the Aspirus 403(b) Plan Highlights and Aspirus Retirement Plan Overview (video), located on the Aspirus intranet at aspirus.org/totalrewards.

Aspirus 457(b) Deferred Compensation Plan

- An additional pre-tax deferral option for eligible employees.
- To learn more about eligibility, contribution limits and differences from the 403(b), refer to the Aspirus 457(b) Plan Highlights located on the Aspirus intranet at aspirus.org/totalrewards.
- Enrollment is also completed via your Empower retirement account at empowermyretirement.com, or 1.866.467.7756.



DID YOU KNOW?

You have retirement planning and investment advisory services available to you as an employee of Aspirus, at no out-of-pocket cost to you.

Wellness Program

Aspire To Be Well, Aspirus' system-wide wellness program, focuses on supporting the health of all employees and building a culture of well-being at Aspirus. The program is designed to support and promote activities that foster good health and well-being for all. The program offers two components:

System-wide activities, tools, resources, and events open to all employees of Aspirus. These include fun and engaging challenges to encourage group or individual participation with a focus on each of the dimensions of health.

A wellness program is available to health insurance plan participants and their covered spouse/domestic partner. Participants have a chance to earn a health plan premium incentive by completing various program steps along with wellness activities of their choice, based on their personal health risk levels. Program completion in 2024 is rewarded through a health plan premium incentive in 2025. To qualify for the 2025 premium incentive, participants must complete the program steps by the established 2024 due dates.

Detailed program information is available on the intranet, under [Life&Career>Health &Wellness>EmployeeHealth&Wellness](#).

Information Regarding the Wellness Health Plan Premium Incentive

Employees and their covered spouse/domestic partner who have completed the health contingent wellness program by the 2023 deadline will receive the incentive as a premium adjustment in 2024.

New enrollees to the health plan on/after January 1st, 2024 will automatically receive the wellness incentive applied to your health premium for the remainder of the calendar year. To continue receiving the incentive for 2025, completion of the health contingent wellness program is required. Refer to program materials for more information.



DID YOU KNOW?

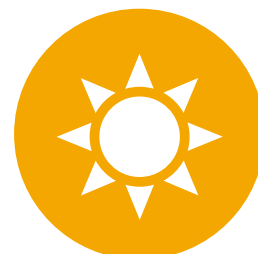
You, and your covered spouse or domestic partner, can save over \$600 per year when participating in the Aspire to Be Well program!

Aspirus Value

Joy

We work with happiness and enthusiasm; we celebrate successes and build a positive environment.

JOY



Programs to Support Your Health

Wondr Health

This digital weight loss program will teach you how to be in your best health as your true self. Wondr Health is a behavioral science-based program created by a team of doctors and clinicians that is clinically proven for lasting results. As a participant, you'll have the following available to you:

- Expert team of instructors via the digital platform
- Weekly master classes that are tailored to you
- Personalized support through texts, daily nudges and health coaches
- Welcome kit complete with tools and encouragement
- WondrLink online community for social support
- The Wondr blog for other relevant resources

Who is eligible to participate?

Wondr Health is available to ALL employees and covered adult dependents on the Aspirus Employee Health Plan. Participants must be age 18 or older.

- Additional information and program dates are available on the intranet, aspirus.org/totalrewards.

Wondr Health Program Timeline

- **WondrSkills - Week 1-10**
 - Learn simple, repeatable skills through weekly master classes.
- **WondrUp - Week 11-20**
 - Reinforce and practice WondrSkills through weekly, personalized, curriculum.
- **WondrLast - Week 21-52**
 - Build momentum towards your healthiest self in the maintenance phase of the program.

Active & Fit Exercise Rewards

Active & Fit Exercise Rewards offers the opportunity to earn cash back on your fitness membership when you visit a fitness facility 10 or more times each month for a minimum of 30 minutes each visit. You can track your visits by submitting a paper tracking form signed by fitness center staff.

Active & Fit Exercise rewards also offers on-demand recorded fitness classes you can do anywhere through your online account.

Connect by phone at 1.877.771.2746 or at activeandfit.com

Who is eligible to participate?

Active & Fit Exercise Rewards is available to ALL employees and covered adult dependents on the Aspirus Employee Health Plan. Participants must be age 18 or older.



BenefitHub

- Enjoy discounts, rewards, and perks on thousands of the brands you love in a variety of categories including travel, auto, education, health and wellness, and more!
- Available to Aspirus Health Plan members only.
- Go to aspirushealthplan.com and login to your secure My Account. Under the heading Health & Wellness, select Member Discount Programs. Have questions? Call 1.866.664.4621 or email customercare@benefithub.com.

Smoking Cessation

- Aspirus Health Plan can help you kick the habit. If you are 18 or older, you have access to certain nicotine replacements and drugs used to help you quit and enjoy a healthier lifestyle!
- Available to Aspirus Health Plan members only.
- Ready to quit? Talk to your doctor today and visit the Wisconsin Tobacco Quit Line at ctri.wisc.edu or call 800.QUIT.NOW (800.784.8669) for tips to help you quit. Member Services can help to answer questions as well at 866.631.5404.

Aspirus Employee Assistance Program

The Aspirus Employee Assistance Program (EAP) has professional counselors available to help you achieve a healthy work/life balance. Everyone, at some point in time, is faced with personal problems. In most cases, we are able to resolve them, but sometimes we or a family member needs some help. Employee Assistance Services is available for stress management, household or marital problems, alcohol or other drug abuse, emotional or behavioral difficulties or personal conflicts. Employees and individuals who live with the employee may utilize this program for short-term counseling services. Any contact that you have with Aspirus EAP is confidential, whether that contact is by telephone or at a counseling session.

Available to all employees regardless of status. EAP services offer up to 8 sessions per issue / per person / per year free of charge.

To schedule in Wisconsin:

Call 715.847.2772 or 1.800.236.4457

aspirus.org/employee-assistance-services

To schedule in Michigan:

Text “Hi” to 906.208.4204 to begin a conversation.

Call 906.225.3145

northstareap.com

Available 24/7



Paid Time Off (PTO)

All benefit eligible employees (0.6 FTE or above) have a PTO bank available to use for vacation, holidays, sick leave and personal leave. This benefit is based on employees' classification, years of service and eligible hours paid.

The following grid provides accrual rates and maximums for 0-5 years of service. Ongoing employees, please log into GHR and click on the "Leave Balances" tile to view your tier and available balance.

Tier	Accrual Rate Per Eligible Hour*	Maximum Accrual Rate Per Pay Period	Maximum Accrued Days Per Year	PTO Bank Maximum
1	0.0846	6.77	22	176
2	0.0885	7.08	23	184
3	0.1077	8.62	28	224
4	0.1269	10.15	33	264

*PTO is accrued on all eligible hours worked up to 80 hours in a two-week pay period.

Accrual Rates

Accrual rates will automatically increase at the completion of 5, 10, 15, and 20 years of service.

PTO accrual will stop once the PTO Bank Maximum is reached and will automatically restart once the balance drops below the PTO Bank Maximum. Employees will be notified via an email notification once their PTO Bank reaches 80% of the maximum balance. Please refer to the System Paid Time Off (PTO) policy for additional information.

PTO Donation

Employees who have exhausted all paid time off benefits and are unable to work or whose work is limited because of illness or injury or due to an extensive illness or injury of their child, spouse or parent may request a donation of PTO. Employees are able to donate a portion of their earned Paid Time Off (PTO) to benefit eligible employees who fall into this circumstance.

PTO Buy-Back

PTO buy-back is a benefit available to employees who elect to receive cash in lieu of PTO hours. The election is only valid for payment at the specified times offered during the year.

Employees may elect to buy-back up to 40 hours of PTO in total between all buy-back opportunities in a given calendar year provided their PTO bank has a minimum of 100 hours remaining at the time of payout.

The PTO buy-back elections must be completed through the online electronic form and received by Human Resources no later than the specified deadline for each buy-back period. The online form can be found in Global Human Resources (GHR) under Benefits>Information.

Once received by Human Resources, the election is irrevocable and cannot be increased, decreased, or changed in any way by the employee.

Please refer to the System PTO Buy-Back policy for additional information on the Aspirus intranet under [Documents&Forms>PolicyStat](#).

Next Steps

- Complete enrollment in GHR. See page [7](#).
- Review your confirmation statement for accuracy. This will be emailed to you upon completing your enrollment.
- To make changes to your elections, go back into GHR before deadline or contact the [Human Resources Solution Center](#).
- Please note that you will receive insurance cards within 10-15 business days after enrollment.
- Letters for voluntary life insurance elections requiring underwriting will be mailed to employee homes.

Information in This Booklet

This information is a summary of benefits offered. A complete description of each benefit can be found in the legal plan documents and contracts. If there is a conflict between this material and the legal documents, the legal documents will govern. The material in this booklet may be updated periodically, as necessary. Aspirus reserves the right to change or discontinue these benefits at any time.

Questions

We are here for you! This booklet is designed to help you make your benefit choices. If you need more information, have a question, or need help, please contact the Human Resources Solutions Center. You may also access the benefits website through the Aspirus intranet where you can find many helpful resources including plan documents, benefit guides and links to our carriers' websites.

Important Information About Your Aspirus Benefits

Notice: The Summary Plan Descriptions (SPD) are being furnished to you electronically and describe the benefits provided to you and/or your beneficiaries under the Aspirus, Inc. Employee Benefit Plan.

Intranet Access: For a copy of the summary plan descriptions, go to aspirus.org/totalrewards. The summary plan descriptions will be found under each specific benefit type.

Paper Copy: A copy of the Summary Plan Description for each plan can also be requested by contacting the [Human Resources Solution Center](#).

Required Notices

To obtain a copy the following Required Notices and those not contained in this booklet, such as the [HIPAA Notice of Privacy Practices](#), go to aspirus.org/totalrewards, Plan Info & Documents, Notices & Disclosures.

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State in the link below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1.877.KIDS NOW or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call 1.866.444.EBSA (3272).

Please click here for a list of states and eligibility: dol.gov/sites/dolgov/files/ebsa/laws-and-regulations/laws/chipra/model-notice.pdf

HIPAA Notice of Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or obtain more information, contact your HR Representative or the HR Solutions Center at 715.843.1282, ext. 31282 or email Humanresources@aspirus.org

Newborns' Act Disclosure - Aspirus

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Notice of Creditable Coverage

Important Notice from Aspirus, Inc. About Your Prescription Drug Coverage And Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Aspirus, Inc. and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Aspirus, Inc. has determined that the prescription drug coverage offered by Navitus is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Aspirus, Inc. coverage will be affected.

If you do decide to join a Medicare drug plan and drop your current Aspirus, Inc. coverage, be aware that you and your dependents will be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Aspirus, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every



month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Aspirus, Inc. changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage

- Visit [medicare.gov](https://www.medicare.gov)
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1.800.MEDICARE (1.800.633.4227). TTY users should call 1.877.486.2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at [socialsecurity.gov](https://www.socialsecurity.gov), or call them at 1.800.772.1213 (TTY 1.800.325.0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: 09/6/2023

Name of Entity/Sender: Aspirus, Inc.

Contact – Position/Office: Wendy Oestreich/Benefits Administrator

Address: Aspirus, 2200 Westwood Drive, Wausau, WI 54401

Phone Number: 1.715.847.2790



Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema
- If you would like more information on WHCRA benefits, call your plan administrator at 715.847.2790

These benefits will be provided subject to the same deductibles and co-insurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and co-insurance apply:

	TIER 1 IN-NETWORK	TIER 2 IN-NETWORK	TIER 3 OUT-OF-NETWORK
Deductible Amount per Calendar Year			
Single	\$1,750	\$2,000	\$7,500
Family	\$3,500	\$4,000	\$15,000
Co-Insurance After Deductible (Member Responsibility)	15%	20%	50%
Maximum Out-of-Pocket Expense			
Single	\$4,000	\$4,500	\$10,000
Family	\$8,000	\$9,000	\$20,000



Contact Information

Human Resources Solutions Center

715.843.1282, ext 31282

HumanResources@aspirus.org

Accident, Critical Illness, Hospital Insurance

Voya Employee Benefits Resource Center

877.236.7564

Policy Number 0070737-6

go.voya.com/aspirus

Active & Fit Exercise Rewards

877.771.2746

ActiveandFit.com

Aspirus Employee Assistance Program Wisconsin:

Call 715.847.2772 or 1.800.236.4457

aspirus.org/employee-assistance-services

Michigan:

Text "Hi" to 906.208.4204

Call 906.225.3145

northstareap.com

Aspirus Total Rewards

aspirus.org/totalrewards

Aspirus Welcome Center

715.847.2613

833.811.4176

Care Coordination

Medication Therapy Management

715.843.1061

Delta Dental

Delta Dental

800.236.3712

Base Plan Policy Number: 50423

Premier Plan Policy Number: 51517

deltadentalwi.com

DeltaVision Insurance

Customer service thru EyeMed

844.848.7090

Full-Service Policy Number: 45528

Materials Only Policy Number: 45527

deltavisionwi.com

app: EyeMed

Employee Assistance Program

EmployeeConnect through Lincoln Financial

888.628.4824

Username: LFGSupport

Password: LFGSupport1

guidanceresources.com

app: GuidanceNow

Flexible Spending Accounts & COBRA

Employee Benefits Corporation

800.346.2126 or

participantservices@ebcflex.com

ebcflex.com

Health Insurance

Aspirus Health Plan (AHP)

866.631.5404

Policy Number: ASP20000

aspirushealthplan.com

Identity Theft

IdentityForce

877-694-3367

IdentityForce.com

app: MySontiq

Leave Management Services

888.833.2552 or 715.748.8115

leavemanagementservices@aspirus.org

Contact Information

Human Resources Solutions Center

715.843.1282, ext 31282

HumanResources@aspirus.org

Life/LTD

Lincoln Financial Group

800.423.2765

Life Insurance Policy Number: 000010076971

LTD Policy Number: 000010110772

lfg.com

Nurse First

Aspirus 24/7/365 Nurseline

715.843.1236

Pet Insurance

Nationwide

877.738.7874

PetsNationwide.com

Prescription Drug Information

Navitus

866.333.2757

navitus.com

Retirement

Empower Retirement

866.467.7756

empowermyretirement.com

CAPTRUST

800.967.9948

captrustadvice.com/

LifeKeys - Lincoln Financial

First time users enter Web ID: LifeKeys

855.891.3684

guidanceresources.com

Travel Assistance

TravelConnectSM

800.527.0218, ID#322541

Group ID: LFGTravel123

Internationally Call Collect 603-328-1955 or
within US or Canada: 1-866-525-1955

MyOnCallPortal.com

Email: mail@oncallinternational.com

Wellness

Aspirus Occupational Health

715.843.1348

Aspirus Health & Wellness

715.847.2785

WHCRA Benefits

Women's Health & Cancer Rights

715.847.2790

cms.gov

