

Aspirus 2021 Benefits Overview



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To All Employees

Let us take this opportunity to thank you for your commitment to Aspirus and the patients and communities we serve. Our commitment to you is reflected in our continuous, significant investment in our pay and benefit programs (Total Rewards). This booklet provides you with information about the wide array of benefits available to you and your dependents including:

- Health insurance
- Dental insurance
- Short and long-term disability insurance
- Dependent life insurance
- Flexible spending accounts
- Vision insurance
- Critical illness insurance
- Hospital indemnity insurance
- Accident insurance
- Paid time off
- Retirement plan
- Wellness program

Please review this booklet carefully as you make your benefit choices for 2021. We especially encourage you to select a primary care provider and to participate in our robust wellness programs.

Again, thank you for all that you do and please take advantage of the wide array of benefits offered.

Sincerely,

John Heisler

Sr. Vice President and Chief HR Officer
Aspirus, Inc.

Ellen Baldwin

Director - System Total Rewards
Aspirus, Inc.



Benefit Overview

This booklet outlines each of the benefit plans offered by Aspirus to all benefit eligible employees. Please review the information carefully. If this is your first benefit enrollment or if you have incurred a status change requiring a subsequent enrollment, you will need to complete the Aspirus Benefit Enrollment within 30 days of the date you become eligible. If you do not complete the benefit enrollment process 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 31 days of employment and the timely completion of your enrollment as noted above.

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

The Benefits Described in this Booklet Include:

- Health Care
- Accident Insurance
- Hospital Indemnity Insurance
- Critical Illness Insurance
- Life/AD&D Insurance
- Flexible Spending Accounts
- Dental Care
- Long-Term Disability
- Short-Term Disability
- Dependent Life Insurance
- Vision Care

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.

Your Dependent(s)

Qualified dependent(s) include your spouse, domestic partner (not available at Aspirus Langlade Hospital), children of a covered domestic partner, and children up to age 26, regardless of student or marital status. Please note Spouse refers to Spouse or Domestic Partner in this booklet.

Due to unique tax implications, please contact Human Resources for enrollment of a domestic partner and dependents of domestic partner (not available at Aspirus Langlade Hospital).

Changing Your Benefit Elections

Once you have made your benefit elections, you cannot change your elections until the next open enrollment period. Certain qualifying events may allow you to change your elections mid year. Examples include:

- Marriage or divorce
- Birth or adoption
- Death of a spouse or covered child
- Change in your or your spouse's work status affecting benefit eligibility. Examples include starting a new job and becoming newly eligible for benefits, or leaving a job in which they are receiving benefits resulting in a gain or loss of coverage.
- Change in your child's benefit eligibility
- Becoming newly eligible for Medicare or Medicaid during the year

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. **To be eligible to make changes due to marriage, birth or adoption, you, as the employee, must be an active subscriber.**

Learn More and Take Action

1. Read your materials. For more information, visit the Employee Benefits Page on the intranet under **Life & Career>Employee Benefits**.
2. Complete your online enrollment or waive benefits in Global Human Resources (GHR) within 30 days of the date you become eligible.
3. Review your enrollment for accuracy and contact your Human Resources department with any questions.

Benefit Plan Eligibility

Employees hired to work a .6 FTE* (24 hours per week) or higher, are eligible to participate in the Aspirus employee benefit plans. Dependent children are eligible to age 26, regardless of student or marital status.

**FTE definition: full-time equivalency*

2021 Insurance Plan Rate Information

For 2021 premium information, please refer to the 2021 Employee Insurance Plan Rates handout for complete details. Premium information is also available on the intranet under **Life & Career>Employee Benefits**.



Health Insurance

Aspirus Health Plan



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

- 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 member and Plan savings.

- Refills for maintenance medications will need to be written as a 90 day supply and filled through the Aspirus Mail Order, Aspirus Retail Pharmacy or Navitus Mail Order Program.
- 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.

Health Insurance

Aspirus Health Plan



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 is fully covered per member per calendar year!
- The First Health Complementary network is also available as a “wrap” network for employees and/or covered dependents who live or travel outside of Wisconsin.

A strong network of providers to serve your healthcare needs.

Aspirus Hospitals in Wisconsin

- Aspirus Medford Hospital
- Aspirus Wausau Hospital
- Aspirus Langlade Hospital (Antigo)
- Aspirus Riverview Hospital (Wisconsin Rapids)
- Aspirus Stevens Point Hospital
- Aspirus Divine Savior (Portage)

Aspirus Hospitals in Michigan's Upper Peninsula

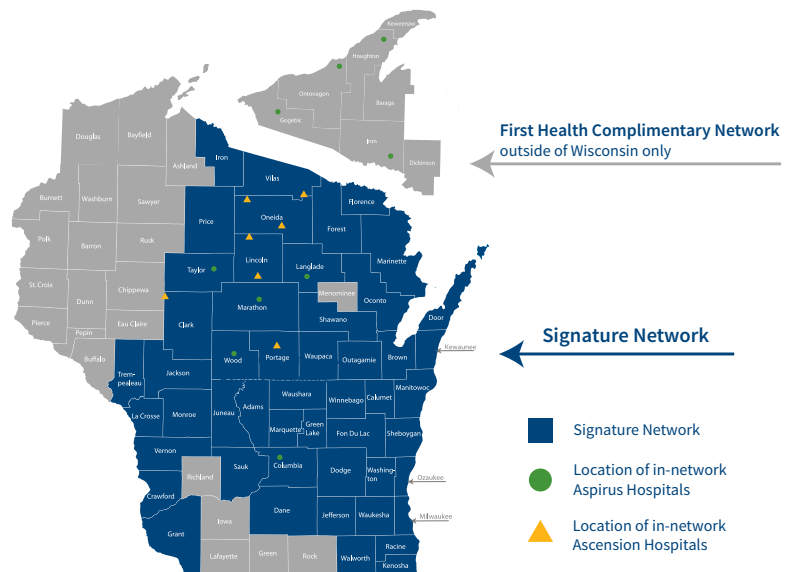
- Aspirus Ironwood Hospital
- Aspirus Keweenaw Hospital (Laurium)
- Aspirus Ontonagon Hospital
- Aspirus Iron River Hospital

Ascension Hospitals in Wisconsin

- Ascension St. Mary's - Eagle River
- Ascension Good Samaritan Hospital (Merrill)
- Ascension Our Lady of Victory (Stanley)
- Ascension St. Michael's - Illinois Avenue (Stevens Point)
- Ascension Sacred Heart Hospital (Tomahawk)
- Ascension St. Mary's - Rhinelander
- Howard Young Medical Center (Woodruff)

Other in-network hospitals throughout Wisconsin include:

- Aurora Health Care
- Bellin Health
- Gundersen Health System
- Holy Family Memorial
- Reedsburg Area Medical Center
- ThedaCare
- UW Health



Providers are subject to change. Please visit our online Find a Doctor tool to find current information and to confirm that specific providers are in network. If you would like to select an Aspirus primary care practitioner, please call 833.811.4176.

2021 Aspirus Health Plan Design

Aspirus Health Plan



NETWORK	IN-NETWORK	OUT-OF-NETWORK
	WI: Aspirus Network with WI Wrap Outside of WI: Aspirus Network with First Health Complementary Wrap	
Deductible Amount per Calendar Year		
Single	\$1,250	\$7,500
Family	\$2,500	\$15,000
Co-Insurance After Deductible (Member Responsibility)	15%	50%
Maximum Out-of-Pocket Expense		
Single	\$2,750	\$10,000
Family	\$5,500	\$20,000
Office Visit	Primary Care \$20 copay Specialty, Urgent Care, Walk-in \$40 copay	Deductible then 50%
Emergency Room Visit	Deductible then 15% co-insurance plus \$200 copay (waived if admitted)	
Preventive Care	100%	Deductible then 50%
Routine Eye Exam	100%	100%
Therapy (Physical, Occupational & Speech)	\$20 copay (40 visits max per year)	Deductible then 50%
MRI (Back, Knee & Hips)	Deductible then 15% plus \$150 copay	Deductible then 50% plus \$150 copay
Outpatient Surgery	Deductible then 15%	Deductible then 50%
Diagnostics, Labs, X-rays, etc.	Deductible then 15%	Deductible then 50%
Prescription Drugs	Up to 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)

To Find An In-Network Provider:

- Go to aspirushealthplan.com
- Select on “Learn More” under Group and Individual Plans
- Select “Find a Doctor” at the top of the page
- Enter your Member ID (located on your Benefit ID Card) where shown or select the Signature network from the “Search by Network” option (select First Health Network if searching for in-network provider outside of WI).

**Refer to the Summary Plan Description for details on specific coverage. Found on the intranet Employee Benefits Page.*

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.

Health Insurance

Aspirus Health Plan

The Right Care. At the Right Time. At the Right Place - Knowing your options helps ensure you get the best health care possible.

Preventive Care

The Aspirus 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.

Need a Primary Care Provider? Call the Aspirus 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.
- 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.

For more information, contact the Welcome Center at 715-847-2613 or (toll-free) 833-811-4176.



Access to exceptional care has never been this easy!

Aspirus Video Visits are available! On-demand, 24/7/365 healthcare.

Aspirus Video Visits instantly connect you to dedicated providers with no appointment needed. Whether you are at home, school, work, the northwoods or traveling, you can get an expert live recommendation from your smartphone, tablet or computer on minor illnesses and conditions.

Try Aspirus Video Visits for free!

As a health plan participant, you and your covered dependents can see for yourself how convenient a video visit can be.

Go to aspirus.org and click on Video Visits to get started. For a free visit, enter the coupon code for your business unit provided on this page.

Aspirus Video Visits are not billable to insurance at this time.

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 E-Visits

MyAspirus E-Visits provide easy access to Aspirus providers for non-emergency, minor medical concerns without the need to travel for an in-person visit. Not billable to insurance. Each visit is \$45. Not available in Michigan.

VITAL WorkLife 24/7/365 Nurseline

Nurseline solution provides valuable assistance and allows you to receive help quickly and efficiently. Support is available 24/7/365, and there are no pre-qualifications for services. Staffed by Registered Nurses and unlimited access to Nurseline audio library with 400+ messages on general health topics.

To get assistance using the VITAL Nurseline call 866.220.3138.

MDLIVE – Insurance Covered Video Visits

Virtual care, anywhere. 24/7 access to Board Certified Doctors, Therapists and Dermatologists.

MDLIVE is an alternative to traditional health care. Board certified doctors can visit with you either by phone at 800.657.6169 or secure video to help treat any non-emergency medical conditions such as a fever or pink eye. Licensed behavioral health therapists offer online video therapy sessions, on your schedule from wherever you're located. **\$20 copay applies for general health, psychiatry and counseling, \$40 copay applies for dermatology visits.**

How it Works:

1. Activate your account. Sign up online at MDLIVE.com/AspirusHealthPlan.
2. Choose a doctor. Select from a large network of board-certified doctors.
3. Receive care when you need it.

Coupon code:

Valid 1/2/21 - 6/30/21 for free video visit

Aspirus Inc. - 1951B1AI2021

Aspirus Wausau Hospital -
3468B1AWH2021

Aspirus Clinics - 1503B1ACI2021

Aspirus VNA - 289B1AAH2021

Aspirus Pleasant View - 76B1APV2021

Aspirus Ontonagon - 146B1AOH2021

Aspirus Keweenaw - 508B1AKH2021

Aspirus Ironwood - 421B1AIW2021

Aspirus Iron River - 347B1AIR2021

Aspirus Riverview - 922B1ARH2021

Aspirus Langlade - 780B1ALH2021

Aspirus Medford - 927B1AMH2021

Aspirus Divine Savior - 900B1ADS2021

Care Management

Dedicated to helping employees and their dependents navigate the complexities of the health care system, the Aspirus Care Management 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.

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 physical health and well-being for all. The program offers two components:

1. System-wide activities 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.
2. A Health Contingent Wellness program is available to health insurance plan participants and their covered spouse/domestic partner. A simple 10-point scoring system is used to qualify participants for a health premium incentive. The premium incentive is based on biometric results, the completion of a Health Risk Assessment, nicotine-free affidavit and reasonable alternative standards that target activities to improve overall health. Program completion in 2021 is rewarded through a health insurance premium incentive in 2022. To qualify for the 2022 premium incentive, participants must complete the program steps by the established 2021 due dates.

Detailed program information is available on the intranet, under **Life & Career>Health & 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 deadline will receive the incentive as a premium adjustment, refer to the 2021 *Employee Insurance Plan Rates* for information on 2021 health insurance premiums and the wellness incentive.



New enrollees to the health plan on/after January 1st, 2021 will automatically receive the wellness incentive applied to your health premium for the remainder of the calendar year. To continue receiving the incentive for 2022, completion of the health contingent wellness program is required. Refer to program materials for more information.

Voluntary Benefits

Three voluntary insurance plans are offered to all benefit-eligible employees. Each plan is available independently and, depending upon your situation, offers a benefit payment that you can use to help you pay your out-of-pocket medical expenses, reimburse you for lost income while you are not able to work, or help to pay for everyday expenses like utilities or groceries.

Who is Eligible for Voluntary Benefits?

- Employee - benefit eligible employees (.60 FTE or higher)
- Spouse/Domestic Partner
- Dependents

Click on the links below for more information on each benefit, and discover how you can get more from your Voluntary Benefits:

Accident Insurance

For more information, click [here](#).

Offers a benefit for specific injuries and events resulting from a covered accident that occurs while you are not at work, on or after your coverage effective date.

Examples of events eligible for payable benefits:

- Blood, plasma, platelets - \$600
- Emergency room treatment - \$225
- Concussion - \$225
- Initial doctor visit - \$90
- Hospital Admission - \$1,250
- Follow-up doctor visit - \$90
- Hospital Confinement - \$375

Domestic System Benefit: If services for your covered accident are provided at a covered facility that is owned by Aspirus, the accident hospital care, accident care or common injuries benefit will be increased by 25% to a maximum additional benefit of \$1,000.

Hospital Insurance

For more information, click [here](#).

Pays a daily benefit if you have a covered stay in a hospital, critical care unit or rehabilitation facility. This benefit helps supplement costs for medical expenses including deductibles and co-pays, travel, food, lodging, and child care during a hospital stay.

The benefit amounts paid depend on the type of facility and the number of days of confinement not to exceed a total of 30 days during a period of confinement(s):

- Hospital daily benefit amount - \$100
- Critical care unit daily benefit amount - \$200
- Rehabilitation facility daily benefit amount - \$50
- Initial Confinement benefit amount - \$1000

Critical Illness Insurance

For more information, click [here](#).

Pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date.

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)

For more information on benefits, exclusions and limitations, visit go.voya.com/aspirus.

Coverage Amounts Available:

- Employee - benefit amount of \$10,000, \$20,000 or \$30,000 available
- Spouse/Domestic Partner - 50% of employee benefit amount, \$5,000, \$10,000 or \$15,000
- Dependent - benefit amount of \$5,000 available

All Voluntary benefit premiums will be paid through payroll deduction and are taxable, however benefit payouts will not be subject to ordinary income tax when benefits are received.

Get More from your Wellness Visit

The voluntary benefits listed above also include an annual Wellness Benefit payment if you complete a health screening test.

The annual benefit amount is \$100 for you and \$100 for your spouse and \$50 per child (maximum of \$200 for all children) for each line of coverage enrolled.

No paperwork to submit and can be combined to double or triple your annual Benefit payment amount when all three Voluntary Benefits are elected.

For more information about the Voluntary Benefits offered, please visit go.voya.com/aspirus.

Flexible Spending Accounts

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 (i.e. You do not need to enroll in health or dental to enroll in healthcare FSA).

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

- You can save money on taxes on a wide variety of eligible expenses! A few examples include contact solution, dental fillings, and copays.

TAX SAVING EXAMPLE	
You Deposit	\$1,000 in your FSA
You Save	\$200 in Federal Tax Income*
You Save	\$76 in FICA Taxes**
Your Take Home	\$276 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%

Healthcare FSA Plan Features:

- Use pre-tax payroll deductions to pay for eligible medical/dental/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 medical/dental/vision expenses. All new enrollees in the healthcare flexible spending account benefit plan 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 My Mobile Account Assistant, online submission or via paper form available on the intranet or at ebcflex.com.
- Healthcare FSA balances remaining after December 31st of up to \$550 will be carried forward and may be used to offset expenses incurred after January 1st. Amounts over \$550 will be forfeited. Please carefully estimate your calendar year deduction as election amounts can only be changed mid-year under very limited circumstances.

Highlights

- Annual maximum is \$2,750 for healthcare FSA and \$5,000 for dependent care FSA.
- You can submit claims three different ways for healthcare FSA:
 - EBC Benefits Card
 - Online at ebc.com or Mobile App
 - Paper Form

Don't Forget:

- You can submit your 2021 claims through March 31, 2022 to EBC for processing.
- \$550 can be carried forward under your healthcare FSA and may be used to offset expenses incurred in 2022.

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.

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, My Mobile Assistant. 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 in order for participant to go to work)
- For more details on eligible expenses, please reference Dependent Care FSA Eligible Expenses on the intranet at **Life & Career > Employee Benefits > Benefit Documents & Forms > Flexible Spending.**
- Any money left in the dependent care FSA at year-end will be forfeited, as required by IRS regulation.

Dental Insurance

Delta Dental of Wisconsin



Aspirus offers a dental insurance plan through Delta Dental. 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

The Aspirus dental plan is designed to encourage preventive care and cover four types of dental expenses: Preventive, Basic, Major, and Orthodontia. Your summary plan document provides a thorough explanation of your dental plan, including any limitations or exclusions that might apply.

Examples of covered expenses:

- **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.
- **Basic Restorative Services:** Fillings, anesthesia, extractions, root canals, gum disease treatment, oral surgery.
- **Major Restorative Services:** Inlays, crowns, bridges, dentures, implants.
- **Orthodontic Services:** Orthodontic services are available for dependent children only up to age 26, with a lifetime benefit of \$1,500.

Plan Features:

- Evidence-Based Integrated Care Plan (EBICP) is available to 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.
- \$1,250 annual individual maximum benefit.
- To find a provider or to learn more about Delta Dental, visit the Delta Dental website at deltadentalwi.com.

Highlights

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

2021 ASPIRUS DENTAL PLAN DESIGN

Individual Annual Maximum Benefit	\$1,250
Deductible	
Individual	\$25
Family	\$75
Diagnostic & Preventive Services (Services will not be applied to the annual maximum benefit)	
Deductible Applies	No
Exams, cleanings, X-rays, fluoride treatments, sealants, space maintainers	100%
Basic Restorative Services	
Deductible Applies	Yes
Fillings, endodontics, periodontics, extractions, oral surgery	80%
Major Restorative Services	
Deductible applies	Yes
Crowns, inlays, onlays	50%
Bridges & dentures	50%
Repairs & adjustments to bridges & dentures	80%
Implants	50%
Orthodontic Services	
Deductible Applies	No
Coverage co-insurance	50%
Individual lifetime maximum	\$1,500
Adult orthodontics	No

The information in the chart is only a partial listing of covered benefits. For full plan details, see the Summary Plan Description (SPD) available on the intranet or a copy may be requested from Human Resources.

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.

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.



Vision Insurance

National Vision Administrators (NVA)



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
 - Retail Allowance toward Contact Lenses and Fitting Fees
- No claim forms. Our Participating Providers file your claims with NVA directly. If you obtain services from a Non-Participating provider, submit your itemized receipt directly to NVA to receive your reimbursement.

Covered Benefits: Non-Participating Providers

- Participants may choose to obtain their vision care from a non-participating provider. In this case, the participant is responsible for all charges payable to the provider. The participant must then submit a copy of the itemized receipt to NVA for reimbursement according to the proposed reimbursement schedule. The reimbursement check will be made payable to the participant and mailed directly to the participant's home.

Discounts on TLC Laser/PRK Surgery

- NVA and The National LASIK Network have joined forces to provide all NVA members with a valuable discount package to obtain Laser eye surgeries at over 550 locations nationwide. NVA members are entitled discounts off the customary surgery fees. Please contact the participating Laser Surgery provider for details.

ASPIRUS 2021 BENEFITS BOOKLET

Highlights

If you and your dependents enroll in the Aspirus Health plan, one routine eye exam is included per member per calendar year.

2021 ASPIRUS VISION PLAN DESIGN

Plan Year Copay	Participating Provider None	Non-Participating Provider None (Reimbursed Amounts)
Examinations		
Included in Full Service Plan once every calendar year	Covered 100%	\$38
Lenses		
Once every calendar year	Standard Glass or 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 off remaining balance over \$150)*	\$55
Contact Lenses		
	(In lieu of Lenses/Frames)	
Once every calendar year	Up to \$125 Retail (15% discount for conventional or 10% discount for disposable of remaining balance over \$125)**	\$105
Medically Necessary***	Covered 100%	\$150

*Discount does not apply to Walmart / Sam's Club locations.

**Discount does not apply to Walmart/Sam's Club, Contact Fill (NVA Mail Order) or the following locations: Target, Sears, JC Penney, Boscov's, Pearle, K-Mart, & Macys.

***Pre-approval from NVA required.

Exclusions / Limitations:

No payment is made for:

- Medical or surgical treatments / drugs or medications / non-prescription lenses / examinations or materials not listed as covered service / two pair of glasses in lieu of bifocals / medical or surgical treatment of the eye / subnormal visual aids / vision examination or materials required for employment / replacement of lost, stolen, broken or damaged lenses/contact lenses or frames except at normal intervals when service is otherwise available / services or materials provided by federal, state, local government or worker's compensation / examination, procedures training or materials not listed / industrial 3mm safety lenses and safety frames with side shields / parts or repair of frame / sunglasses.

Overages:

The standard plan allowances will be reimbursed by NVA with the difference billed to the patient as overages.

- Tinted (other than pink #1 or #2), gradient or fashion colors
- Progressive or no-line multifocals
- A frame costing more than the plan allowance
- The insured is responsible for any additional costs for extra items not covered by this plan. These include, but are not limited to, personalized or extra cost features or lenses, unless specifically provided in the policy.
- Coatings: mirror, anti-reflective, super AR, color, edge, ultra violet
- Photochromatic (gray and brown) light or dark
- Scratch resistant (lab or manufacturer applied)
- Polycarbonate
- Smart segment
- Polish edges
- Rimless
- Regardless of medical or optical necessity, proposed vision benefits are not available more frequently than specified in the policy.
- This information is intended for product overview only and is not a certified document of the individual plan parameters. More information regarding the Vision Plan is available on the intranet under **Life&Career>Employee Benefits**.



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. Short-Term disability benefits are available to all benefit eligible employees who have been employed with Aspirus for 90 days or more. 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 .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/sick bank 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

Lincoln Financial Group

Long Term Disability Insurance is available to employees hired to work .6 FTE or above. To be eligible, you must have worked for Aspirus on a continuous basis for one full year. You will receive an invitation to participate in this benefit as your first anniversary approaches. 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 .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 .6 to .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 .6 FTE (24 hours per week) or above will receive a 66 2/3% income replacement benefit paid by Aspirus.

Employer Paid Life Insurance

Lincoln Financial Group

Full-time (.75 FTE or above) & part-time (.6 to .74 FTE) employees will receive 1 times annual salary up to \$250,000.

Executives, 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

Travel Assistance

- TravelConnect(SM) 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

Optional Life Insurance

Lincoln Financial Group

EMPLOYEE COVERAGE	
Purchase Increments	\$10,000
Guarantee Issue Amount	\$300,000 not to exceed 3 x annual salary
Coverage Maximum	\$500,000 not to exceed 5 x annual salary, rounded to the next higher \$10,000

SPOUSE COVERAGE	
Purchase Increments	\$5,000
Guarantee Issue Amount	\$50,000 not to exceed 50% of employee optional coverage
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.

Aspirus Retirement Plan

Aspirus offers a competitive retirement plan in partnership with Empower Retirement and Francis Investment Counsel. Empower is the plan record keeper and where you enroll and manage your account (see below for details). Francis Investment Counsel advisors are available to assist you with retirement planning, investment advice, and other financial wellness matters. Advisors can be reached at 1-866-232-6457 or visit them online at francisinvco.com

Aspirus 403(b) Retirement Plan

- New employees are eligible to enroll and begin making pre-tax or Roth after-tax contributions upon hire.
- 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 non-elective contributions for employees who complete 1000 hours of service during the calendar year. Contributions are 2% of eligible compensation plus 2% of compensation in excess of the Social Security Taxable Wage Base.
- 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.

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 **Life & Career > Employee Benefits > Retirement**.

Aspirus 457(b) Deferred Compensation Plan

- An additional pre-tax retirement savings 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 **Life & Career > Employee Benefits > Retirement**.
- Enrollment is also completed via your Empower retirement account at empowermyretirement.com, or 1-866-467-7756.

Paid Time Off (PTO)

All benefit eligible employees (.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. Employees may view their accrual schedule via Global Human Resources (GHR). Please refer to the System Paid Time Off (PTO) policy for additional information.

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 the Benefits Information section.

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 **Life & Career>Employee Benefits**.

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 got to the **Life Events** tab.
4. Choose **New Hire Enrollment** to continue your enrollment.
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 your local HR Representative.

Please reference page 23 for details on enrollment in the Aspirus Retirement Plan.

Next Steps

- Review your confirmation statement for accuracy. This will be emailed to you upon completing your enrollment.
- To make changes to your elections, please contact your local Human Resources department.
- 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. For a copy of the summary plan descriptions, contact Human Resources or go to the Aspirus intranet under **Life & Career> Employee Benefits>Documents & Forms**.

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 your local Human Resources department.

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: The Summary Plan Descriptions can be found on the Aspirus intranet by clicking on **Life & Career> Employee Benefits>Benefit Documents & Forms**. You can expand each section to view the SPD for the applicable benefit.

Paper Copy: A copy of the Summary Plan Description for each plan can also be requested by contacting a member of the Human Resources team.

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:

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.

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 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 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: 11/16/2020 (For 2021 coverage)

Name of Entity/Sender: Aspirus, Inc.

Contact--Position/Office: Wendy Oestreich/Benefits Administrator

Address: Aspirus Inc., 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; and
- treatment of physical complications of the mastectomy, including lymphedema.

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:

NETWORK	IN-NETWORK	OUT-OF-NETWORK
Co-Insurance After Deductible (Member Responsibility)	15%	50%
Maximum Out-of-Pocket Expense		
Single	\$2,750	\$10,000
Family	\$5,500	\$20,000
Outpatient Surgery	Deductible then 15%	Deductible then 50%

If you would like more information on WHCRA benefits, call your Plan Administrator at 715-847-2790.



Contact Information

Aspirus Human Resources

Aspirus, Inc./Aspirus Wausau Hospital/
Aspirus Clinics/Aspirus Home Health &
Hospice and Aspirus Extended Services
715-847-2800 or 800-283-2881

Aspirus Riverview Hospital
715-421-7593

Aspirus Medford Hospital
715-748-8168 or Ext. 18168

Aspirus Langlade Hospital
715-623-9208

Aspirus Iron River Hospital
906-265-0497 Ext. 11497

Aspirus Ironwood Hospital
906-932-7625

Aspirus Ontonagon Hospital
906-884-8108

Aspirus Keweenaw Hospital
906-337-5345 Ext. 19600

Aspirus Divine Savior Hospital & Clinics
608-745-5623

Health

Aspirus Health Plan
800-223-6898
www.aspirushealthplan.com

Prescription Drug Information

Navitus
866-333-2757
navitus.com

Dental

Delta Dental
800-236-3713
www.deltadentalwi.com

Flexible Spending Accounts & COBRA

Employee Benefits Corporation
800-346-2126
ebcflex.com
participantservices@ebcflex.com

Leave Management Services

888-833-2552 or 715-748-8115
leavemanagementservices@aspirus.org

Vision

National Vision Administrators (NVA)
888-478-3722
www.e-nva.com

Voluntary Benefits

Voya
877-236-7564
<https://go.voya.com/aspirus>

Life/LTD

Lincoln Financial Group
800-423-2765
www.lfg.com

Wellness

Aspirus Occupational Health
715-843-1348

Aspirus Health & Wellness
715-847-2785

Retirement

Empower Retirement
866-467-7756

Francis Investment Counsel
866-232-6457

Employee Assistance Program

800-236-4457 or 715-847-2772

Northstar Employee Assistance
Program for Aspirus U.P. Entities
906-225-3145