

2017

An Overview of the benefits offered

**ASPIRUS
RIVERVIEW HOSPITAL
& CLINICS
AND ASPIRUS
DOCTOR'S CLINIC**



ASPIRUS™

Passion for excellence.
Compassion for people.

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 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.

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 their enrollment.

The benefits described in this booklet include:

- Health Care
- Life/AD&D Insurance
- Flexible Spending Accounts
- Dental Care
- Long Term Disability Insurance
- 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 and children up to age 26, regardless of student or marital status.

Due to unique tax implications, please contact a member of the employee benefits team for enrollment of a domestic partner.

Changing your Choices

Once you have made your choices, you cannot change your elections until the next open enrollment period, unless you experience a qualified event. Qualified status changes include:

- Marriage or Divorce
- Birth or adoption
- Death of a spouse or covered child
- Change in 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.
- Change in your child's benefit eligibility.
- Becoming newly eligible for Medicare or medicaid during the year.

You must notify the Employee Benefits within 30 days of a qualified event. You will need to give proof of the change. If you do not notify Employee Benefits within 30 days, you must wait until the next open enrollment period to make benefit changes, unless you have another qualified status change.

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 provided to you via mail and listed on the intranet. 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. A copy of the Summary Plan Description (SPD) for each plan can also be requested by contacting a member of the Employee Benefits team.

Questions

This booklet is designed to help you make your benefit choices. If you need more information, have a question, or need help, call Human Resources at: 715-421-7482 or email at Alicia.Schnorr@aspirus.org.

Health Care Coverage

Aspirus offers one health plan with a wellness and non-wellness option.

When you choose your health care plan, you will also choose your coverage level. The coverage level choices are:

- Employee only
- Employee + children
- Employee + spouse
- Employee + family

You will enroll in either the Wellness or Non-Wellness plan, depending on your choice to participate in the Aspirus Wellness Program. Your eligible dependents include your spouse, domestic partner and eligible children up to age 26.

Please review the following definitions that are used by the plan:

Deductible: The amount you pay each calendar year before the plan will pay for services subject to the deductible for the remainder of the year.

Co-insurance: The percentage of covered expenses the plan pays and you pay after the deductible is met. Your co-insurance is limited by an annual out-of-pocket maximum.

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

Co-Pay: The specific amount you will pay for a particular service. (Note: co-pays are not applied to the health insurance deductible)

Preventive Care

The Aspirus health plan offers a wellness benefit which provides services such as; routine physical examinations, immunizations, routine eye examinations or well-baby care. The wellness benefits are covered at 100% when seeking care from a provider within the Aspirus Network (tier 1 network) only. To have your deductible and coinsurance waived for routine services:

- you need to see an ANI provider (tier 1)
- 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 deductibles and coinsurance.

If you have questions regarding how your claim was processed, please contact UMR directly at 1-866-552-3827.

Disease Management

Individuals covered under the Aspirus Employee Health Plan may qualify for discounted services available through the Aspirus Disease Management Program. Members who are considered to be at a high or rising risk for use of services related to diabetes, congestive heart failure (CHF) or hypertension may be contacted by a member of the Aspirus Clinical Care Management Team. This team of professionals works directly with primary care providers to assist with the management of chronic illness. The goal of the program is to improve health. Please consider enrolling if you are contacted by a member of this team.

2017 Aspirus Health Plan

Within the plan you will choose between wellness or non-wellness. To qualify for wellness you agree to complete requirements outlined by the wellness team. To reference these requirements, call Employee Health 715-847-2785 or refer to the Aspirus Intranet>Life & Career>Health & Wellness>Wellness.

NETWORK	Core Wellness Plan			Core Non-Wellness Plan		
	Tier 1 ANI	Tier 2 United Healthcare Options PPO	Tier 3 Out of Network	Tier 1 ANI	Tier 2 United Healthcare Options PPO	Tier 3 Out of Network
Deductible Amount per Calendar Year Single Family*	\$1,000 \$2,000	\$3,500 \$5,000	\$7,500 \$15,000	\$2,500 \$5,000	\$5,000 \$10,000	\$7,500 \$15,000
Co-Insurance After Deductible (Member Responsibility)	15%	35%	50%	15%	35%	50%
Maximum Out-of-Pocket Expense Single Family*	\$2,500 \$5,000	\$5,000 \$10,000	\$10,000 \$20,000	\$4,000 \$8,000	\$7,000 \$14,000	\$10,000 \$20,000
Office Visit	Primary Care \$20 copay Specialty, Urgent Care, Walk-in \$40 copay	Deductible then 35%	Deductible then 50%	Primary Care \$20 copay Specialty, Urgent Care, Walk-in \$40 copay	Deductible then 35%	Deductible then 50%
Emergency Room Visit	Deductible then 15% co-insurance plus \$200 Copay			Deductible then 15% co-insurance plus \$200 Copay		
Preventive Care	100%	Deductible then 35%	Deductible then 50%	100%	Deductible then 35%	Deductible then 50%
Routine Eye Exam	100%	100%	100%	100%	100%	100%
MRI (Back, Knee & Hips)	Deductible then 15% plus \$150 copay	Deductible then 35% plus \$150 copay	Deductible then 50% plus \$150 copay	Deductible then 15% plus \$150 copay	Deductible then 35% plus \$150 copay	Deductible then 50% plus \$150 copay
Outpatient Surgery	Deductible then 15%	Deductible then 35%	Deductible then 50%	Deductible then 15%	Deductible then 35%	Deductible then 50%
Diagnostics	15%	35%	50%	15%	35%	50%
Disease Management Conditions Such As: • Diabetic Care • Hypertension • Congestive Heart Failure	No Deductible 15% co-insurance	Deductible then 35%	Deductible then 50%	No Deductible 15% co-insurance	Deductible then 35%	Deductible then 50%
Prescription Drugs • Generic • Brand • Non-Preferred Brand • Specialty	Up to 30-Day Supply \$10 copay or at cost if lower 20% up to a maximum of \$50 30% up to a maximum of \$75 20% up to a maximum of \$100			90-Day Supply \$20 copay or at cost if lower 20% up to a maximum of \$100 30% up to a maximum of \$150 (Filled through Aspirus Pharmacy or Aspirus Mail Order)		

*In order to meet the family deductible, one covered family member must meet the individual deductible, any combination of other covered family members will help meet the remainder of the family deductible.

**Refer to the 2017 Summary Plan Description for details on specific coverage included within these identified disease conditions.

It is your responsibility to verify with your physician whether they are part of the Aspirus Network or United Healthcare Options PPO Network.

Flexible Spending Accounts

You can use the Flexible Spending Accounts (FSA) for reimbursement of qualifying expenses. A list of the eligible expenses can be found on the Aspirus Intranet>Life & Career>Employee Benefits>Documents & Forms. A payroll deduction for the FSA is taken on a pre-tax basis. The annual amounts you may contribute to the FSA are as follows:

- Health Care (FSA) \$120 - \$2,550
- Dependent Day Care (FSA) \$120 - \$5,000

Here's how the FSA works:

1. You enroll in one or both plans and deposit pre-tax payroll deductions. You will not pay federal, state, or social security tax on the deposits.
2. After incurring an eligible health care or dependent care expense, you file a claim using a copy of your Explanation of Benefits (EOB), prescription receipts, or itemized receipts. You also have the option of enrolling in auto-pay reimbursement for quick and convenient reimbursement for costs billed through UMR.
3. To file a claim you can: create an account on www.umar.com, submit a manual claim using the reimbursement from on the Aspirus Intranet, or call UMR at 1-800-826-9781.

Visit www.umar.com for more information and tools to help you plan your FSA deductions.

Health Care Spending Account

You can use your account to be reimbursed for health, vision, and/or dental expenses even if you don't sign up for health care, vision, and/or dental care through Aspirus. Claims for other health plan premiums (e.g., after-tax premiums paid to a spouse's employer) cannot be processed for reimbursement.

You Deposit	\$1,000 in your FSA
You Save	\$200 in Federal Income Tax*
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% & Medicare Tax Rate of 1.45%

Dependent Day Care Spending Account

You can open a dependent day care spending account under benefit enrollment if your dependent day care expenses are necessary for you and your spouse to work, look for work or attend school.

Expenses qualify for any dependent who:

- Is under age 13 and you claim that child as a dependent on your federal income tax return, or
- Is any age if mentally or physically incapable of caring for himself or herself and you claim him or her as a dependent on your federal income tax return.

Refer to the FSA information from UMR for eligible caregivers, maximum contribution amounts, and federal tax credit information.

Things to Remember

- Annual FSA elections are in effect for the full calendar year unless a qualifying event occurs.
- Any money left in the Dependent Day Care account at year-end will be forfeited, as required by IRS regulation. You may carry over a minimum of \$50 up to \$500 of unused Healthcare flex money each year. Any unused amount over \$500 at the end of the year will be forfeited.
- You must re-enroll in your FSA plans each year during open enrollment.

Dental Care Coverage

Aspirus offers a system-wide dental insurance plan through Delta Dental. You have the option to elect no coverage, or select from the coverage levels below:

- Employee only
- Employee plus spouse
- Employee plus child(ren)
- Employee plus family

The Aspirus dental plan is designed to encourage preventive care and cover four types of dental expenses: Preventive, Basic, Major, and Orthodontia. Your dental benefit handbook 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 every 6 months, including teeth cleaning, bitewing x-rays once per year, and full-mouth x-rays once every 5 years is also covered.

Basic Restorative Services: Fillings, anesthesia, extractions, root canals, gum disease treatment, oral surgery.

Major Restorative Services: Inlays, crowns, bridges, dentures.

Orthodontic Services: Orthodontic services are available for dependents only up to age 26, with a lifetime benefit of \$1,500.

Evidence-Based Integrated Care Plan (EBICP): is an enhanced benefit that you self refer into through Delta Dental. EBICP 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.

2017 ASPIRUS DENTAL PLAN*	
Individual Annual Maximum Benefit	\$1,250
Deductible	
Individual	\$25
Family	\$75
Diagnostic & Preventive Services (Diagnostic & Preventive 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

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 www.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 Care Coverage

Schedule of Vision Benefits

	Participating Provider	Non-Participating Provider
Plan Year Co-Pay	None	None (Reimbursed Amts)
Examination		
Included in Full Service Plan once every 12 months	Covered 100%	\$38
Lenses (once every 12 months)		
Single Vision	Standard Glass ¹ or Plastic Covered 100%	\$25
Bifocal		\$35
Trifocal	(Limitations Below) ¹	\$45
Lenticular		\$80
Frames		
Once Every 12 Months	Up to \$150 Retail	\$55
Contact Lenses		
Once Every 12 Months	(In lieu of Lenses/Frames) Up to \$125 Retail ²	\$105
Coverage available for Employee Only, Limited Family* or Full Family.		
<i>*Limited family means employee/spouse or employee and all dependent children.</i>		

If you are enrolled in the Aspirus Health plans, routine vision exams are and covered in the health plan.

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.

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.

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 senses 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.

Short Term Disability

Aspirus provides benefit-eligible employees a Short Term Disability plan at no cost to the employees .6 FTE and greater. The plan is designed to minimize financial hardship by providing income when an employee becomes disabled from a non-work related illness or injury while actively employed by a participating Aspirus company.

- There is no need to enroll; coverage is automatic when you are eligible.
- Eligible employees are paid Short Term Disability benefits at 66 2/3 % of base wage earnings for up to 180 days.
- Benefits begin after 7 consecutive calendar days for all leave.
- Employees must contact Leave Management Services (888-833-2552) to apply for Short Term Disability.

Long Term Disability Insurance (LTD)

- Employees in a .8 FTE or above will receive the 50% LTD Plan at no cost, with the option to buy-up to 66 2/3%.
- Employees in a .6 or .7 FTE can voluntarily participate in the 50% LTD plan. There is not an option to buy-up to 66 2/3%.
- LTD has a one year elimination period for eligibility for all employees hired on or after 1/1/2017. Both 50% and 66 2/3% levels are offset by social security or workers' compensation disability benefits and are paid up to a maximum monthly LTD benefit.

If you choose Long Term Disability coverage, benefits will be paid to you each month after you have been disabled for 180 continuous days, once approved. All Long Term Disability benefit payments are subject to ordinary income tax. Please contact Human Resources for further information about this benefit.

To calculate the premium for voluntary use of the following chart.

1. Enter your per pay check base earnings \$_____ (Hourly rate of pay x your FTE)
2. Enter the premium rate from chart to the right \$_____
3. Multiply line 1 by line 2 \$_____

- This is an estimate and the actual cost will be included on your Benefits Confirmation Statement

LTD PREMIUM RATE FOR LINE 2	
Your Election	Premium Rate
66 2/3% Buy-Up Option for Full Time Employee	.00149
50% Option for Part Time Employee	.00329

Life/AD & D and Dependent Life Insurance

Basic Life Coverage

Aspirus offers a system-wide employer paid life insurance benefit to all benefit eligible employees. The coverage value is based on your position.

- Full and part-time employees will receive 1 times annual earnings up to \$250,000
- Executives, Directors, Physician Residents, Full-time Managers, and House Supervisors will receive 2 times annual salary up to \$500,000.

Employee OPTIONAL COVERAGE

- Elect optional life insurance in any \$10,000 increment
- Rate per \$1,000 elected is based on employee's age
- Maximum amount \$500,000
- Select up to \$150,000 without any health questions (Guaranteed Issue for employers under age 60)

Spouse Benefit Coverage (Must Elect Optional Employee Coverage)

- Elect optional life insurance in \$10,000 increments
- Rate per \$1,000 elected is based on employee's age
- Maximum of \$250,000
- May not exceed 100% of the employee's optional benefit amount
- Select up to \$50,000 without any health questions (Guarantee Issue for employees Under Age 60)

Dependent Children Benefit Coverage (Must Elect Optional Employee Coverage)

Coverage for all dependent children, regardless of number of children.

- May not exceed the lesser of \$25,000 or 100% of EE's benefit amount
- Elect optional life insurance in \$5,000 increments

Accidental Death and Dismemberment

- Included in employee optional life coverage
- Pays a benefit equal to the life insurance amount selected if death is deemed accidental
- Pays a percentage of the life insurance coverage for loss of limb, sight, etc. (see policy for schedule of benefits)

Other Benefits Include

- Waiver of Premium, Accelerated Death Benefit, Portability, Conversion

Program Eligibility

- Employees must be actively at work on the day coverage takes effect.
- Dependents must not be in a period of limited activity on the day coverage takes effect.

Taxable Income

The IRS requires you to be taxed on the value of employer-provided group term life insurance over \$50,000. The taxable value of this life insurance coverage is called "imputed income." Even though you don't receive cash, you are taxed as if you received cash in an amount equal to the value of this coverage. Because your monthly premium for group term life insurance coverage is deducted from your pay on a pre-tax basis, the IRS considers it to be "employer provided." Therefore, the value of any pre-tax (and other employer-provided) coverage over \$50,000 is added to your taxable compensation as "imputed income." You pay taxes on the amount of term life coverage over \$50,000.

Choosing your Coverage Levels

Please note that once you've initially selected the amount of coverage for you and your dependents, if you would like to change coverage during open enrollment in subsequent years, **proof of good health may be required for increases in coverage.**

Aspirus Benefit Summary Plan Descriptions (SPDs)

Aspirus Benefit Summary Plan Description (SPD) booklets are available on the Aspirus Intranet. **A Summary Plan Description (SPD) is the document that describes for participants the important coverage provisions of that benefit.**

Benefit Enrollment Instructions

Benefit Enrollment on-line is very easy and takes just a few minutes by accessing the Aspirus Intranet from any computer in the organization.

1. Navigate to Lawson Self Service and login using your user name and password. User name is is your employee number and password is the first two letters of your first name, first two letters of your last name and last four digits of your SSN.
2. Click on the globe at the top of the screen.
3. If you are enrolling dependents you will need to add their information prior to beginning your benefits enrollment. To add dependents click on the Dependents button and complete all boxes with an asterisk including social security numbers for all dependents. **It is a requirement that you provide the social security numbers for your dependents (including spouse & domestic partner) if they are enrolling in the Aspirus Insurance Plans.**
4. From the Main Menu, choose New Hire/Newly Eligible Enrollment located in the Benefit section.
 - a. A description regarding the process will appear. Click Continue.
5. The next screen is a list of all the benefits you will have an opportunity to enroll in. Click Continue.
6. The following screen will ask if you wish to enroll in or waive health coverage. Click on the appropriate choice and click continue.
7. Unless you selected the Waive option, you will see each plan and several options to choose from. When you have chosen the coverage option/amount, the next screen will be a verification of the coverage/amount selection. If you are pleased with your choice, Click Continue, otherwise Click Previous.
8. After completing the benefit enrollment process click on “Life Insurance Beneficiaries” and add your beneficiaries to each life insurance plan available to you.
9. The final screen will give you an option to print your elections. Please print and retain for your records.
10. Human Resources will also mail you a final confirmation statement of your benefit elections after you have completed your online enrollment. Please review for accuracy and contact Human Resources immediately if there are any changes that need to be made.
11. If you receive any type of error message while enrolling or making changes contact Alicia Schnorr at 715-421-7482, as your benefit options did not save.

Please Note:

- The premiums for the Long Term Disability plan will not show up on the initial confirmation statement, but will be included on the confirmation statement sent to you after you have completed the on-line enrollment.
- Life Insurance Underwriting forms will be mailed to homes, when required, following your enrollment.



**410 Dewey Street
Wisconsin Rapids, WI 54494**

Contact Information

HEALTH

UMR

Group number: 76010636
1-866-552-3827 | Pre-Certification: 1-800-808-4424
www.umar.com

PRESCRIPTION DRUG INFORMATION

OptumRx

1-877-559-2955
www.optumrx.com

Aspirus Pharmacy

Wausau - 715-847-2547
Medford - 715-748-5800

DENTAL CARE BENEFIT

Delta Dental

1-800-236-3713
www.deltadentalwi.com

FLEXIBLE SPENDING ACCOUNTS

UMR

1-800-826-9781
<https://fhs.umar.com>

ASPIRUS RETIREMENT PLANS

WoodTrust Bank

1-800-716-3742
<https://www.go-retire.com/woodtrust/>

LEAVE MANAGEMENT SERVICES

Administered through Aspirus Medford Hospital

1-888-833-2552 or 715-748-8115
leavemanagementservices@aspirus.org

EMPLOYEE ASSISTANCE SERVICES

1-715-847-2772 OR 800-236-4457

VISION CARE PLAN

NVA

Subscriber number: 5078300001
1-888-478-3722
www.e-nva.com

WELLNESS

Aspirus Occupational Health

715-843-1348

Employee Health & Wellness

715-847-2785

Aspirus Riverview Human Resources

1-715-421-7593