



2024

**Network Health
Northeast
Wisconsin**

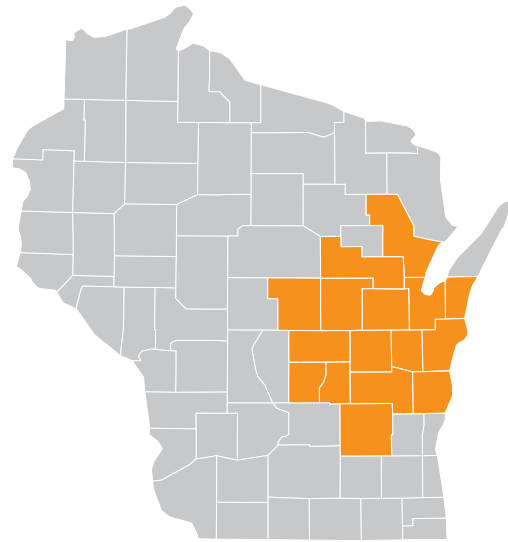
Summary of Benefits



SERVICE AREA AND ELIGIBILITY

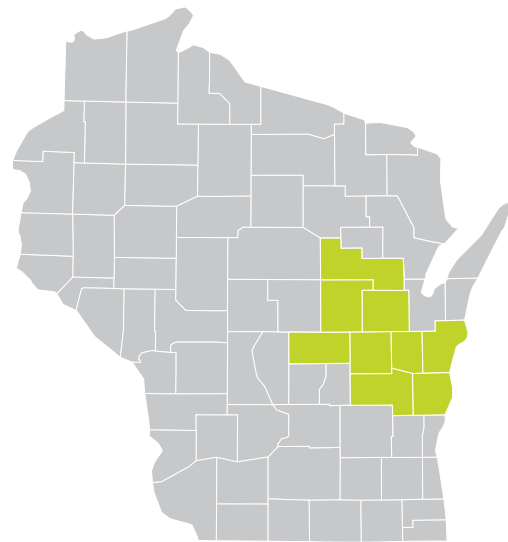
To be eligible to join the Network Health Northeast Wisconsin PPO plans described in this booklet, you must be enrolled in Medicare Part A and Part B and live in the service area.

This Summary of Benefits applies to the Network Health PPO plans and Northeast Wisconsin counties that are listed within each of the two map keys below.



- Network Health Armor
- Network Health Select
- Network Health Choice
- Network Health Plus
- Network Health PlusRx
- Network Health Premier
- Network Health PremierRx

Brown, Calumet, Dodge, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marquette, Oconto, Outagamie, Portage, Shawano, Sheboygan, Waupaca, Waushara, Winnebago



- Network Health Zero

Calumet, Fond du Lac, Manitowoc, Outagamie, Shawano, Sheboygan, Waupaca, Waushara, Winnebago

WHAT IS A SUMMARY OF BENEFITS?

This booklet gives you a summary of what we cover and what you pay on Network Health’s Northeast Wisconsin PPO plans. It doesn’t list every service we cover or every limitation or exclusion. A complete list of services can be found in the plan-specific *Evidence of Coverage* at networkhealth.com/medicare/plan-materials. Contact the member experience team for a printed copy.

WHAT IS A PREFERRED PROVIDER (PPO) PLAN?

A PPO plan allows you to **choose any doctor who accepts Medicare beneficiaries**. Doctors and other providers are divided into in-network or out-of-network, based on if they have a contract with Network Health. With a PPO plan, you can use both in- and out-of-network doctors. **With many Network Health Northeast Wisconsin PPO plans, you pay the same for in- and out-of-network providers.**

CONTACT NETWORK HEALTH

By Phone	Sales Department – 800-983-7587 Member Experience Team – 800-378-5234 TTY/TDD Users – 800-947-3529
Online	networkhealth.com
By Mail or In Person	Network Health 1570 Midway Pl. Menasha, WI 54952
Hours of Operation	<ul style="list-style-type: none"> • Normal office hours are Monday–Friday, 8 a.m. to 5 p.m. • Network Health is closed on New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, Christmas Eve Day and Christmas Day. • From October 1–March 31, you can call the sales department and the member experience team seven days a week from 8 a.m. to 8 p.m., Central Time. From April 1–September 30, we are available Monday–Friday, from 8 a.m. to 8 p.m., Central Time.
Additional Resources	<p>Medicare – Available 24 hours a day, seven days a week</p> <p>For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227) (TTY 1-877-486-2048), 24 hours a day, seven days a week.</p>

Your Costs		Network Health Armor (PPO)
		Refer to county listing on page 2.
		YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS
Monthly Premium		\$0
Monthly Part B Premium Giveback² Must be enrolled in Medicare Parts A and B, pay own premiums and live in a service area that offers this benefit		Not included
Annual Medical Deductible		\$0
Annual Maximum Out-of-Pocket (Does not include Part D prescription drugs)		\$4,900 combined in- and out-of-network
Hospital Services		
Inpatient Hospital Services¹ Per admission		\$295 per day, days 1 - 6 \$0 days 7 and beyond
Outpatient Hospital Services		\$275
Ambulatory Surgical Center		\$225
General Services		
Primary Care Provider Visit		\$0
Specialist Visit		\$40
Preventive Care		
Preventive Care Visits*		\$0
Annual Routine Physical		\$0
Physician Telehealth Services		Virtual primary care and urgent care services cost the same as an in-person visit
Medicare-Covered Vaccines Flu, pneumonia, COVID-19		\$0
Medicare-Covered Vaccines Hepatitis B, all other Part B		\$0
Emergency Care		
Emergency Room Visit Copayment is waived if admitted to a U.S. hospital within 24 hours		\$110
Urgent Care		
Urgent Care Visit Free-standing facility		\$40

*Includes abdominal aortic aneurysm screening, alcohol misuse screening and counseling, annual wellness visit, bone mass measurement, breast cancer screening, cardiovascular disease screening, cardiovascular disease risk reduction visit, cervical and vaginal cancer screening, colorectal cancer screening (screening colonoscopy, fecal occult blood test, flexible sigmoidoscopy), depression screening, diabetes screening, glaucoma screening, HIV screening, lung cancer screening, medical nutrition therapy services, Medicare Diabetes Prevention Program, obesity screening and therapy, prostate cancer screening, screening for sexually transmitted infections and counseling, smoking and tobacco use cessation counseling, one time Welcome to Medicare preventive visit.

Network Health Zero (Includes pharmacy) (PPO)		Network Health Select (Includes pharmacy) (PPO)	Network Health Choice (Includes pharmacy) (PPO)
Refer to county listing on page 2.			
In-Network	Out-of-Network	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
\$0		\$0	\$0
Not included		Not included	\$25 per month
\$0		\$0	\$0
\$3,860	\$8,500 combined in- and out-of-network	\$3,900 combined in- and out-of-network	\$4,000 combined in- and out-of-network
Hospital Services			
\$275 per day, days 1 - 6 \$0 days 7 and beyond	\$550 per day, days 1 - 6 \$0 days 7 and beyond	\$275 per day, days 1 - 6 \$0 days 7 and beyond	\$315 per day, days 1 - 7 \$0 days 8 and beyond
\$225	\$450	\$225	\$300
\$150	\$350	\$160	\$200
General Services			
\$0	\$35	\$0	\$0
\$30	\$75	\$45	\$45
Preventive Care			
\$0	\$15	\$0	\$0
\$0	\$15	\$0	\$0
Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit
\$0	\$0	\$0	\$0
\$0	\$15	\$0	\$0
Emergency Care			
\$110	\$110	\$110	\$110
Urgent Care			
\$30	\$35	\$45	\$45

¹Service may require prior authorization.

²Visit [networkhealth.com/medicare/extra-benefits](https://www.networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

		Network Health Armor (PPO)
Your Costs		Refer to county listing on page 2.
		YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS
Diagnostic Services		
Diagnostic Tests¹ Such as ultrasound, EKG, stress test		\$40
Labs What you pay may be based on the service received and/or where you are treated		\$0-\$20
Diagnostic Radiology Services Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans)		\$125
X-rays		\$30
Hearing Services		
Routine Hearing Exam²		\$0
		\$40 out-of-network
Diagnostic Hearing Exam Exam to diagnose and treat hearing issues		\$40
Hearing Aids² Maximum of two hearing aids per year Hearing aid evaluation with TruHearing, fitting included		\$495-\$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network
Dental Services		
Dental Services^{2,3}		100% coverage for in-network dental, Includes one implant and resin \$5,000 combined annual maximum
		Member pays 50% out-of-network
Medicare-Covered Dental Services Does not include services in connection with care, treatment, filling, removal or replacement of teeth		\$40
Optional Comprehensive Dental Coverage²		Not available
Vision Services		
Annual Routine Vision Exam²		\$0
		\$40 reimbursement out-of-network
Diagnostic Eye Exam To diagnose and treat diseases and conditions of the eye		\$40

¹Service may require prior authorization.

²Visit networkhealth.com/medicare/extra-benefits for more information, this is not a medical benefit.

³Visit networkhealth.com/medicare/plan-materials to view the full dental Certificate of Coverage document.

		Network Health Select (Includes pharmacy) (PPO)	Network Health Choice (Includes pharmacy) (PPO)
		Refer to county listing on page 2.	
In-Network	Out-of-Network	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
Diagnostic Services			
\$20	\$50	\$40	\$90
\$0-\$20	\$30	\$0-\$20	\$0-\$40
\$200	\$250	\$200	\$295
\$30	\$30	\$30	\$90
Hearing Services			
\$0	\$40	\$0	\$0
		\$40 out-of-network	\$40 out-of-network
\$30	\$75	\$45	\$45
\$495-\$1,695 per device, must be purchased through TruHearing	Not covered	\$495-\$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network	\$495-\$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network
Dental Services			
Up to \$775 reimbursed through Pick Your Perks		Up to \$550 reimbursed through Pick Your Perks	100% coverage for preventive 50% coverage for comprehensive \$1,500 combined annual maximum
			Member pays 80% out-of-network
\$30	\$75	\$45	\$45
\$42 monthly premium \$1,000 combined annual maximum	\$42 monthly premium \$1,000 combined annual maximum	\$42 monthly premium \$1,000 combined annual maximum	Not available
Vision Services			
\$10	\$40 reimbursement	\$10	\$0
		\$40 reimbursement out-of-network	\$40 reimbursement out-of-network
\$30	\$75	\$45	\$45

¹Service may require prior authorization.

²Visit networkhealth.com/medicare/extra-benefits for more information, this is not a medical benefit.

		Network Health Armor (PPO)
Your Costs		Refer to county listing on page 2.
		YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS
Post-Cataract Eyewear – One pair of eyeglasses or contact lenses after each cataract surgery	\$0	
Additional Eyewear ²	\$400 allowance at EyeMed providers	
Mental Health/Substance Abuse		
Outpatient Mental Health – Individual or group therapy	\$20	
Inpatient Mental Health ¹ – Per admission	\$395 per day, days 1 - 4 \$0 days 5 and beyond	
Opioid Treatment Services	\$20	
Substance Abuse Services – Outpatient individual or group therapy	\$20	
Continued Care Services		
Skilled Nursing Facility ¹ – Per admission Once you reach your maximum out-of-pocket, you will pay \$0 per day	\$0 per day, days 1 - 20 \$203 per day, days 21 - 45 \$0 days 46 - 100	
Outpatient Physical¹, Occupational¹, Speech Therapy	\$30	
Transportation Services		
Air and Ground Ambulance Services	\$300	
Non-Emergency Transportation – 24 one-way trips to get to and from dialysis for members diagnosed with ESRD	Covered	
Drug Coverage		
Medicare Part B Drugs ¹ – Plan will apply the CMS published adjusted beneficiary coinsurance as required under the Inflation Reduction Act	20% of the cost	
Medicare Part D Drugs – See page 14 for specific drug tier costs	Not covered	
Additional Benefits		
Pick Your Perks ² – Reimbursement for the following extra benefits: dental services, vision hardware, healthy home-delivered meals, non-emergency transportation, over-the-counter items, acupuncture, massage therapy, personal training (4 visits or \$225 allowance), nutritional/dietary counseling	Not available	

¹Service may require prior authorization.

²Visit networkhealth.com/medicare/extra-benefits for more information, this is not a medical benefit.

		Network Health Select (Includes pharmacy) (PPO)	Network Health Choice (Includes pharmacy) (PPO)
		Refer to county listing on page 2.	
		YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
In-Network	Out-of-Network	\$0	\$0
\$0	\$0	\$0	\$0
Up to \$775 reimbursed through Pick Your Perks	Up to \$775 reimbursed through Pick Your Perks	Up to \$550 reimbursed through Pick Your Perks	\$200 allowance at EyeMed providers
Mental Health/Substance Abuse			
\$35	\$50	\$40	\$40
\$395 per day, days 1 - 4 \$0 days 5 and beyond	\$395 per day, days 1 - 4 \$0 days 5 and beyond	\$395 per day, days 1 - 4 \$0 days 5 and beyond	\$295 per day, days 1 - 4 \$0 days 5 and beyond
\$35	\$50	\$40	\$40
\$35	\$50	\$40	\$40
Continued Care Services			
\$0 per day, days 1 - 20 \$203 per day, days 21 - 45 \$0 days 46 - 100	\$0 per day, days 1 - 20 \$203 per day, days 21 - 45 \$0 days 46 - 100	\$0 per day, days 1 - 20 \$203 per day, days 21 - 45 \$0 days 46 - 100	\$0 per day, days 1 - 20 \$203 per day, days 21 - 45 \$0 days 46 - 100
\$35	\$75	\$40	\$40
Transportation Services			
\$300	\$300	\$300	\$275
In addition to 24 trips, up to \$775 reimbursed through Pick Your Perks for rides to medical appointments and pharmacies	In addition to 24 trips, up to \$775 reimbursed through Pick Your Perks for rides to medical appointments and pharmacies	In addition to 24 trips, up to \$550 reimbursed through Pick Your Perks for rides to medical appointments and pharmacies	Covered
Drug Coverage			
20% of the cost	20% of the cost	20% of the cost	20% of the cost
Covered	Not covered	Covered	Covered
Additional Benefits			
\$775		\$550	Not available

¹Service may require prior authorization.

²Visit networkhealth.com/medicare/extra-benefits for more information, this is not a medical benefit.

Your Costs	
Network Health Armor (PPO)	
Refer to county listing on page 2.	
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
Over-the-Counter Catalog²	\$100 per quarter Two orders per quarter No rollover on quarterly allowance
Fitness with SilverSneakers^{®2}	Included
MDLIVE[®] Virtual Visit- For medical services ²	\$0
Travel Coverage	
Travel within the United States	Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.
International Emergency Coverage- View the Evidence of Coverage at networkhealth.com/medicare/plan-materials for details	\$110 per incident \$100,000 Maximum benefit
Recovery and Rehabilitation Services	
Durable Medical Equipment- Such as insulin pumps ¹ , CPAP machines ¹ , prosthetic devices ¹	20% of the cost
Home Infusion Therapy	\$0
Chiropractic Services- Manipulation of the spine to correct misalignment of one or more of the bones of your spine	\$20
Medicare-Covered Acupuncture- For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year	\$40
Medicare-Covered Home Health Care Visits¹	\$0
Cancer Services	
Chemotherapy¹	20% of the cost
Radiation Therapy¹- Per service	20% of the cost
Acupuncture- Up to 12 visits per year are covered for members who are undergoing chemotherapy and have severe nausea and/or vomiting	\$0

¹Service may require prior authorization.

²Visit networkhealth.com/medicare/extra-benefits for more information, this is not a medical benefit.

Network Health Zero (Includes pharmacy) (PPO)		Network Health Select (Includes pharmacy) (PPO)	Network Health Choice (Includes pharmacy) (PPO)
Refer to county listing on page 2.			
In-Network	Out-of-Network	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
Up to \$775 reimbursed through Pick Your Perks		Up to \$550 reimbursed through Pick Your Perks	\$75 per quarter Two orders per quarter No rollover on quarterly allowance
Included		Included	Included
\$0	\$0	\$0	\$0
Travel Coverage			
Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.		Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.	Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.
\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit
Recovery and Rehabilitation Services			
20% of the cost	20% of the cost	20% of the cost	20% of the cost
\$0	20% of the cost	\$0	\$0
\$20	\$40	\$20	\$20
\$30	\$75	\$45	\$45
\$0	\$0	\$0	\$0
Cancer Services			
20% of the cost	20% of the cost	20% of the cost	20% of the cost
20% of the cost	20% of the cost	20% of the cost	20% of the cost
\$0	\$0	\$0	\$0

¹Service may require prior authorization.

²Visit networkhealth.com/medicare/extra-benefits for more information, this is not a medical benefit.

Your Costs		Network Health Armor (PPO)
		Refer to county listing on page 2.
		YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS
Diabetic Services		
Diabetes Monitoring Supplies and Test Strips — OneTouch™ and Accu-Chek™ test strips Continuous Glucose Monitoring supplies limited to eligible FreeStyle Libre® and Dexcom® obtained through your pharmacy All other brands are not covered		\$0 for up to a 90-day supply
Diabetic Shoe Inserts — Copayment per pair		\$10
Diabetes Management Tool — Diabetes self-management training teaches you to cope with and manage your diabetes		\$0
Part B Insulin — One-month supply		20% of the cost, up to \$35
Renal Services		
Dialysis — Per treatment		20% of the cost

¹Service may require prior authorization.

²Visit [networkhealth.com/medicare/extra-benefits](https://www.networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

Network Health Zero (Includes pharmacy) (PPO)		Network Health Select (Includes pharmacy) (PPO)	Network Health Choice (Includes pharmacy) (PPO)
Refer to county listing on page 2.			
In-Network	Out-of-Network	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
Diabetic Services			
\$0 for up to a 90-day supply	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply
\$10	\$10	\$10	\$10
\$0	\$0	\$0	\$0
20% of the cost, up to \$35	20% of the cost	20% of the cost, up to \$35	20% of the cost, up to \$35
Renal Services			
20% of the cost	20% of the cost	20% of the cost	20% of the cost

¹Service may require prior authorization.

²Visit [networkhealth.com/medicare/extra-benefits](https://www.networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

	Network Health Plus (PPO)	Network Health PlusRx (PPO)
Your Costs	Refer to county listing on page 2.	
	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
Monthly Premium	\$42	\$73
Monthly Part B Premium Giveback² Must be enrolled in Medicare Parts A and B, pay own premiums and live in a service area that offers this benefit	Not included	Not included
Annual Medical Deductible	\$0	\$0
Annual Maximum Out-of-Pocket (Does not include Part D prescription drugs)	\$3,400 combined in- and out-of-network	\$3,400 combined in- and out-of-network
Hospital Services		
Inpatient Hospital Services¹ Per admission	\$175 per day, days 1 - 5 \$0 days 6 and beyond	\$175 per day, days 1 - 5 \$0 days 6 and beyond
Outpatient Hospital Services	\$350	\$350
Ambulatory Surgical Center	\$350	\$350
General Services		
Primary Care Provider Visit	\$15	\$15
Specialist Visit	\$40	\$40
Preventive Care		
Preventive Care Visits*	\$0	\$0
Annual Routine Physical	\$0	\$0
Physician Telehealth Services	Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit
Medicare-Covered Vaccines Flu, pneumonia, COVID-19	\$0	\$0
Medicare-Covered Vaccines Hepatitis B, all other Part B	\$0	\$0
Emergency Care		
Emergency Room Visit Copayment is waived if admitted to a U.S. hospital within 24 hours	\$110	\$110
Urgent Care		
Urgent Care Visit Free-standing facility	\$40	\$40
Diagnostic Services		
Diagnostic Tests¹ Such as ultrasound, EKG, stress test	\$25	\$25

*Includes abdominal aortic aneurysm screening, alcohol misuse screening and counseling, annual wellness visit, bone mass measurement, breast cancer screening, cardiovascular disease screening, cardiovascular disease risk reduction visit, cervical and vaginal cancer screening, colorectal cancer screening (screening colonoscopy, fecal occult blood test, flexible sigmoidoscopy), depression screening, diabetes screening, glaucoma screening, HIV screening, lung cancer screening, medical nutrition therapy services, Medicare Diabetes Prevention Program, obesity screening and therapy, prostate cancer screening, screening for sexually transmitted infections and counseling, smoking and tobacco use cessation counseling, one time Welcome to Medicare preventive visit.

	Network Health Premier (PPO)	Network Health PremierRx (PPO)
	Refer to county listing on page 2.	
	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
	\$95	\$244
	Not included	Not included
	\$0	\$0
	\$3,400 combined in- and out-of-network	\$3,400 combined in- and out-of-network
Hospital Services		
	\$75 per day, days 1 - 5 \$0 days 6 and beyond	\$75 per day, days 1 - 5 \$0 days 6 and beyond
	\$0	\$0
	\$0	\$0
General Services		
	\$10	\$10
	\$20	\$20
Preventive Care		
	\$0	\$0
	\$0	\$0
	Virtual primary care and urgent care services cost the same as an in-person visit	Virtual primary care and urgent care services cost the same as an in-person visit
	\$0	\$0
	\$0	\$0
Emergency Care		
	\$110	\$110
Urgent Care		
	\$20	\$20
Diagnostic Services		
	\$0	\$0

¹Service may require prior authorization.

²Visit [networkhealth.com/medicare/extra-benefits](https://www.networkhealth.com/medicare/extra-benefits) for more information, this is not a medical benefit.

	Network Health Plus (PPO)	Network Health PlusRx (PPO)
Your Costs		
Refer to county listing on page 2.		
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS		
Labs- What you pay may be based on the service received and/or where you are treated	\$0-\$5	\$0-\$5
Diagnostic Radiology Services- Advanced Imaging (PET, CAT, MRI, MRA, NUC Scans)	\$100	\$100
X-rays	\$25	\$25
Hearing Services		
Routine Hearing Exam²	\$0 \$40 out-of-network	\$0 \$40 out-of-network
Diagnostic Hearing Exam- Exam to diagnose and treat hearing issues	\$25	\$25
Hearing Aids²⁻ Maximum of two hearing aids per year Hearing aid evaluation with TruHearing, fitting included	\$495-\$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network	\$495-\$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network
Dental Services		
Dental Services^{2, 3}	Preventive: 1 cleaning and exam per year for \$30 \$100 reimbursement out-of-network	Preventive: 1 cleaning and exam per year for \$30 \$100 reimbursement out-of-network
Medicare-Covered Dental Services- Does not include services in connection with care, treatment, filling, removal or replacement of teeth	\$25	\$25
Optional Comprehensive Dental Coverage²	\$42 monthly premium \$1,000 combined annual maximum	\$42 monthly premium \$1,000 combined annual maximum
Vision Services		
Annual Routine Vision Exam²	\$10 \$40 reimbursement out-of-network	\$10 \$40 reimbursement out-of-network
Diagnostic Eye Exam- To diagnose and treat diseases and conditions of the eye	\$25	\$25
Post-Cataract Eyewear- One pair of eyeglasses or contact lenses after each cataract surgery	\$0	\$0
Additional Eyewear²⁻ At EyeMed providers	Not covered	Not covered
Mental Health/Substance Abuse		
Outpatient Mental Health- Individual or group therapy	\$35	\$35

¹Service may require prior authorization.

²Visit networkhealth.com/medicare/extra-benefits for more information, this is not a medical benefit.

³Visit networkhealth.com/medicare/plan-materials to view the full dental Certificate of Coverage document.

	Network Health Premier (PPO)	Network Health PremierRx (PPO)
Your Costs		
Refer to county listing on page 2.		
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS		
	\$0	\$0
	\$0	\$0
	\$0	\$0
Hearing Services		
	\$0 \$40 out-of-network	\$0 \$40 out-of-network
	\$0	\$0
	\$495-\$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network	\$495-\$1,695 per device in-network, must be purchased through TruHearing No coverage out-of-network
Dental Services		
	Preventive: 1 cleaning and exam per year for \$30 \$100 reimbursement out-of-network	Preventive: 1 cleaning and exam per year for \$30 \$100 reimbursement out-of-network
	\$0	\$0
	\$42 monthly premium \$1,000 combined annual maximum	\$42 monthly premium \$1,000 combined annual maximum
Vision Services		
	\$10 \$40 reimbursement out-of-network	\$10 \$40 reimbursement out-of-network
	\$0	\$0
	\$0	\$0
	Not covered	Not covered
Mental Health/Substance Abuse		
	\$0	\$0

¹Service may require prior authorization.

²Visit networkhealth.com/medicare/extra-benefits for more information, this is not a medical benefit.

	Network Health Plus (PPO)	Network Health PlusRx (PPO)
Refer to county listing on page 2.		
Your Costs		
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS		
Inpatient Mental Health¹– Per admission	\$150 per day, days 1 - 10 \$0 days 11 and beyond	\$150 per day, days 1 - 10 \$0 days 11 and beyond
Opioid Treatment Services	\$35	\$35
Substance Abuse Services– Outpatient individual or group therapy	\$20	\$20
Continued Care Services		
Skilled Nursing Facility¹– Per admission Once you reach your maximum out-of-pocket, you will pay \$0 per day	\$20 per day, days 1 - 20 \$203 per day, days 21 - 40 \$0 days 41 - 100	\$20 per day, days 1 - 20 \$203 per day, days 21 - 40 \$0 days 41 - 100
Outpatient Physical¹, Occupational¹, Speech Therapy	\$40	\$40
Transportation Services		
Air and Ground Ambulance Services	\$250	\$250
Non-Emergency Transportation– 24 one-way trips with Aryv, to get to and from dialysis for members diagnosed with ESRD	Covered	Covered
Drug Coverage		
Medicare Part B Drugs¹– Plan will apply the CMS published adjusted beneficiary coinsurance as required under the Inflation Reduction Act	20% of the cost	20% of the cost
Medicare Part D Drugs– See page 24 for specific drug tier costs	Not covered	Covered
Additional Benefits		
Pick Your Perks²– Reimbursement for the following extra benefits: dental services, vision hardware, healthy home-delivered meals, non-emergency transportation, over-the-counter items, acupuncture, massage therapy, personal training (4 visits or \$225 allowance), nutritional/dietary counseling	Not available	Not available
Over-the-Counter Catalog²	\$225 per quarter Two orders per quarter No rollover on quarterly allowance	\$225 per quarter Two orders per quarter No rollover on quarterly allowance
Fitness with SilverSneakers^{®2}	Included	Included
MDLIVE[®] Virtual Visit– For medical services ²	\$0	\$0
Travel Coverage		
Travel within the United States	Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.	Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.

¹Service may require prior authorization.

²Visit networkhealth.com/medicare/extra-benefits for more information, this is not a medical benefit.

	Network Health Premier (PPO)	Network Health PremierRx (PPO)
Refer to county listing on page 2.		
YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS		
\$0	\$0	\$0
\$0	\$0	\$0
\$0	\$0	\$0
Continued Care Services		
\$0	\$0	\$0
\$20	\$20	\$20
Transportation Services		
\$0	\$0	\$0
Covered	Covered	Covered
Drug Coverage		
20% of the cost	20% of the cost	20% of the cost
Not covered	Covered	Covered
Additional Benefits		
Not available	Not available	Not available
\$225 per quarter Two orders per quarter No rollover on quarterly allowance	\$225 per quarter Two orders per quarter No rollover on quarterly allowance	\$225 per quarter Two orders per quarter No rollover on quarterly allowance
Included	Included	Included
\$0	\$0	\$0
Travel Coverage		
Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.	Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.	Receive in-network coverage when you venture outside Wisconsin and within the United States territories. You can see any provider who accepts Medicare beneficiaries.

¹Service may require prior authorization.

²Visit networkhealth.com/medicare/extra-benefits for more information, this is not a medical benefit.

	Network Health Plus (PPO)	Network Health PlusRx (PPO)
Your Costs	Refer to county listing on page 2.	
	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
International Emergency Coverage – View the Evidence of Coverage at networkhealth.com/medicare/plan-materials for details	\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit
Recovery and Rehabilitation Services		
Durable Medical Equipment – Such as insulin pumps ¹ , CPAP machines ¹ , prosthetic devices ¹	20% of the cost	20% of the cost
Home Infusion Therapy	\$0	\$0
Chiropractic Services – Manipulation of the spine to correct misalignment of one or more of the bones of your spine	\$20	\$20
Medicare-Covered Acupuncture – For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year	\$40	\$40
Medicare-Covered Home Health Care Visits ¹	\$0	\$0
Cancer Services		
Chemotherapy ¹	20% of the cost	20% of the cost
Radiation Therapy ¹ – Per service	\$60	\$60
Acupuncture – Up to 12 visits per year are covered for members who are undergoing chemotherapy and have severe nausea and/or vomiting	\$0	\$0
Diabetic Services		
Diabetes Monitoring Supplies and Test Strips – OneTouch™ and Accu-Chek™ test strips Continuous Glucose Monitoring supplies limited to eligible FreeStyle Libre® and Dexcom® obtained through your pharmacy All other brands are not covered	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply
Diabetic Shoe Inserts – Copayment per pair	\$10	\$10
Diabetes Management Tool – Diabetes self-management training teaches you to cope with and manage your diabetes	\$0	\$0
Part B Insulin – One-month supply	20% of the cost, up to \$35	20% of the cost, up to \$35
Renal Services		
Dialysis – Per treatment	20% of the cost	20% of the cost

¹Service may require prior authorization.

²Visit networkhealth.com/medicare/extra-benefits for more information, this is not a medical benefit.

	Network Health Premier (PPO)	Network Health PremierRx (PPO)
	Refer to county listing on page 2.	
	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	
	\$110 per incident \$100,000 Maximum benefit	\$110 per incident \$100,000 Maximum benefit
Recovery and Rehabilitation Services		
	\$0	\$0
	\$0	\$0
	\$20	\$20
	\$20	\$20
	\$0	\$0
Cancer Services		
	20% of the cost	20% of the cost
	\$0	\$0
	\$0	\$0
Diabetic Services		
	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply
	\$0	\$0
	\$0	\$0
	20% of the cost, up to \$35	20% of the cost, up to \$35
Renal Services		
	20% of the cost	20% of the cost

¹Service may require prior authorization.

²Visit networkhealth.com/medicare/extra-benefits for more information, this is not a medical benefit.

Multi-Language Insert – REQUIRED INFORMATION

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 800-378-5234 (TTY 800-947-3529). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 800-378-5234 (TTY 800-947-3529). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 800-378-5234 (TTY 800-947-3529)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 800-378-5234 (TTY 800-947-3529)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 800-378-5234 (TTY 800-947-3529). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 800-378-5234 (TTY 800-947-3529). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 800-378-5234 (TTY 800-947-3529) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 800-378-5234 (TTY 800-947-3529). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 800-378-5234 (TTY 800-947-3529) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 5234-378-800 (TTY 3529-947-800). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول . سيقوم شخص ما (TTY 800-947-3529) 800-378-5234 على مترجم فوري، ليس عليك سوى الاتصال بنا على . بمساعدتك. هذه خدمة مجانية يتحدث العربية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 800-378-5234 (TTY 800-947-3529) पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 800-378-5234 (TTY 800-947-3529). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Português: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 800-378-5234 (TTY 800-947-3529). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 800-378-5234 (TTY 800-947-3529). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 800-378-5234 (TTY 800-947-3529). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、800-378-5234 (TTY 800-947-3529) にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。

Hmong: Peb muaj cov kev pab cuam kws txhais lus pab dawb los teb tej lus nug uas koj muaj hais txog peb li kev noj qab hauv huv los sis lub phiaj xwm tshuaj kho mob. Kom tau txais kws txhais lus pab dawb, tsuas yog hu rau peb ntawm tus xov tooj 800-378-5234 (TTY 800-947-3529). Qee tus neeg uas hais Askiv/Yam Lus koj paub tuaj yeem pab tau rau koj. Qhov no yog kev pab dawb.



800-983-7587

TTY 800-947-3529

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

Network Health Medicare Advantage Plans include PPO plans with a Medicare contract. Enrollment in Network Health Medicare Advantage Plans depends on contract renewal. Out-of-network/non-contracted providers are under no obligation to treat Network Health members, except in emergency situations. Please call our member experience number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.

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