



Network Health Cares (PPO D-SNP) offered by Network Health Insurance Corporation

Annual Notice of Change for 2027

You're enrolled as a member of Network Health Cares.

This material describes changes to our plan costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in Network Health Cares
- To change to a **different plan**, visit [Medicare.gov](https://www.medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits and rules is in the *Evidence of Coverage*. Get a printed copy at networkhealth.com/medicare/plan-materials or call member experience at 855-653-4363 (TTY users call 711) to get a copy by mail.

More Resources

- Our member experience team has free language interpreter services available for non-English speakers (phone numbers are in Section 5 of this document).
- Call our member experience team at 855-653-4363 for more information. (TTY users call 711). Hours are Monday – Friday from 8 a.m. to 8 p.m. From October 1, 2026 through March 31, 2027, we are available every day from 8 a.m. to 8 p.m. This call is free.
- This information is available for free in other formats.

About Network Health Cares

- Our plan also has a written agreement with the Wisconsin Medicaid program to coordinate your Medicaid benefits.
- When this material says “we,” “us,” or “our,” it means Network Health Insurance Corporation. When it says “plan” or “our plan,” it means Network Health Cares.
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in Network Health Cares.** Starting January 1, 2027, you'll get your medical and drug coverage through Network Health Cares. Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$0	\$0
Deductible	In 2025, the annual Part B deductible was \$0 or \$257, except for insulin furnished through an item of durable medical equipment. +These amounts may change for 2026. If you're eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.	In 2026, the annual Part B deductible was \$0 or \$283, except for insulin furnished through an item of durable medical equipment. +These amounts may change for 2027. If you're eligible for Medicare cost sharing assistance under Medicaid, you pay \$0.
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (See Section 1.2 for details)	From in-network providers: \$9,250 From in-network and out-of-network providers combined: \$13,900 If you're eligible for Medicare cost-sharing help under Medicaid, you most likely are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	From in-network providers: \$9,850 From in-network and out-of-network providers combined: \$14,800 If you're eligible for Medicare cost-sharing help under Medicaid, you most likely are not responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.
Primary care office visits	In- and Out-of-Network 20% of the cost per visit If you're eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.	In- and Out-of-Network 20% of the cost per visit If you're eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.
Specialist office visits	In- and Out-of-Network 20% of the cost per visit	In- and Out-of-Network 20% of the cost per visit

	2026 (this year)	2027 (next year)
	If you're eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.	If you're eligible for Medicare cost-sharing help under Medicaid, you most likely pay \$0 per visit.
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order and ends the day before you're discharged.	In 2025 the amounts for each admission were \$0 or up to: • Days 1-60: \$1,676 deductible+ • Days 61-90: \$419 per day+ • Days 91-150: \$838 per lifetime reserve day+ You will not be charged additional cost sharing for professional services. + These amounts may change for 2026. If you're eligible for Medicare cost-sharing assistance under Medicaid, you may pay \$0.	In 2026 the amounts for each admission were \$0 or up to: • Days 1-60: \$1,736 deductible+ • Days 61-90: \$434 per day+ • Days 91-150: \$868 per lifetime reserve day+ You will not be charged additional cost sharing for professional services. + These amounts may change for 2027. If you're eligible for Medicare cost-sharing assistance under Medicaid, you may pay \$0.
Part D drug coverage (Go to Section 1.6 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$615 except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage. If you receive Extra Help, depending on your income level, your actual cost share may be less: Drug Tier 1: 25% coinsurance for all drugs. You pay no more than \$35 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs	Part D drug coverage deductible \$700 except for covered insulin products and most adult Part D vaccines Copayment/Coinsurance during the Initial Coverage Stage. If you receive Extra Help, depending on your income level, your actual cost share may be less: Drug Tier 1: 25% coinsurance for all drugs. You pay no more than \$35 per month supply of each covered insulin product on this tier. Catastrophic Coverage Stage: • During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits and Costs for Next Year

Section 1.1 Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium unless it's paid for you by Medicaid.)	\$0	\$0
Part B premium reduction This amount will be deducted from your Part B premium. This means you'll pay less for Part B.	You will receive a \$2.90 credit toward your Medicare Part B premium.	You must pay your full Medicare Part B premium.

Section 1.2 Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out-of-pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Maximum out-of-pocket amount Cost-sharing paid by the beneficiary, Medicaid, and other secondary insurance contributes towards this out-of-pocket maximum. Because our members get most cost sharing paid by Medicaid, very few members ever reach this out-of-pocket maximum. If you're eligible for Medicaid help with Part A and Part B copayments and deductibles, you aren't responsible for paying any out-of-pocket costs toward the maximum out-of-pocket amount for covered Part A and Part B services.	In-Network \$9,250 Once you've paid \$9,250 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year. Combined In- and Out-of-Network \$13,900 Once you've paid \$13,900 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-in-network providers for the rest of the calendar year.	In-Network \$9,850 Once you've paid \$9,850 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year. Combined In- and Out-of-Network \$14,800 Once you've paid \$14,800 out-of-pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services from in-network or out-of-in-network providers for the rest of the calendar year.

	2026 (this year)	2027 (next year)
Your costs for covered medical services (such as copayments and deductibles) count toward your maximum out-of-pocket amount. Our plan premium and costs for prescription drugs don't count toward your maximum out-of-pocket amount.		

Section 1.3 Changes to the Provider Network

Our network of providers has changed for next year. Review the *2027 Provider Directory* (networkhealth.com/find-a-doctor) to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here's how to get an updated *Provider Directory*:

- Visit our website at networkhealth.com/find-a-doctor.
- Call our member experience team at 855-653-4363. (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors and specialists (providers) that are a part of our plan during the year. If a mid-year change in our providers affects you, call our member experience team at 855-653-4363. (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.2 of your *Evidence of Coverage*.

Section 1.4 Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the *2027 Pharmacy Directory* networkhealth.com/find-a-pharmacy to see which pharmacies are in our network. Here's how to get an updated *Pharmacy Directory*:

- Visit our website at networkhealth.com/find-a-pharmacy.
- Call our member experience team at 855-653-4363 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are a part of our plan during the year. If a mid-year change in our pharmacies affects you, call our member experience team at 855-653-4363 (TTY users call 711) for help.

Section 1.5 Changes to Benefits and Costs for Medical Services

The *Annual Notice of Change* tells you about changes to your Medicare benefits and costs.

	2026 (this year)	2027 (next year)
Emergency care	In- and Out-of-Network You pay 0% to 20% of the allowed amount (up to \$115) for each Medicare-covered emergency room visit within the United States and its territories. You pay a \$125 copayment per incident for each non-Medicare covered emergency room visit outside the United States and its territories.	In- and Out-of-Network You pay 0% to 20% of the allowed amount (up to \$115) for each Medicare-covered emergency room visit within the United States and its territories. You pay a \$130 copayment per incident for each non-Medicare covered emergency room visit outside the United States and its territories.
Fitness program	Out-of-Network When going to a non-contracted health club facility, fitness center membership charges will apply. We do not reimburse for these fees.	Out-of-Network Up to \$10 reimbursement annually towards a non-contracted health club facility, fitness center membership
Fresh produce or pantry box delivery benefit	In-Network You pay 0% of the cost of home-delivered food boxes. Out-of-Network Boxes must be provided by the plan's approved partner. We do not reimburse for home-delivered boxes provided by other services.	In- and Out-of-Network Home-delivered fresh produce or pantry boxes are not covered
Hearing services – extra benefits	Out-of-Network Must use our approved vendor, TruHearing to receive hearing aid allowance. You pay a \$0 to \$40 copayment for each non-Medicare covered routine hearing exam.* This benefit is limited to 1 visit(s) every year. You pay a \$0 copayment for	Out-of-Network \$4,000 deductible, then you pay 90% of the allowed amount per pair of non-Medicare covered hearing aids. Reimbursement up to a maximum of \$75 annually for hearing aids purchased through an out-of-network provider. \$200 deductible, then you pay 90% of the allowed amount for each non-Medicare covered

	2026 (this year)	2027 (next year)
	fitting/evaluation for hearing aid.	routine hearing exam. This benefit is limited to 1 visit(s) every year. \$200 deductible, then you pay 90% of the allowed amount for each non-Medicare covered fitting/evaluation for hearing aids.
Help with Certain Chronic Conditions - Acupuncture and Transportation	In-Network You pay a \$0 copayment for each acupuncture treatment. Maximum of 12 visit for acupuncture. You pay a \$0 copayment for each one-way transportation for dialysis treatment. Maximum of 24 one-way trips. Out-of-Network You pay a \$0 copayment for each acupuncture treatment. Maximum of 12 visit for acupuncture.	In-Network Acupuncture is not covered for treatment of severe nausea from chemotherapy. Transportation for dialysis treatments are not covered. Out-of-Network Acupuncture is not covered for treatment of severe nausea from chemotherapy. Transportation for dialysis treatments are not covered.
In-Home support services	Out-of-Network Services must be provided by the plan's approved partner. We do not reimburse in-home support services provided by other providers.	Out-of-Network \$1,500 deductible, then 90% of the allowed amount for in-home support services, up to the combined in- and out-of-network annual maximum of 120 hours.
Inpatient hospital care	Per Admission In-Network In 2025 the amounts for each admission were \$0 or up to: • Days 1-60: \$1,676 deductible+ • Days 61-90: \$419 per day+ • Days 91-150: \$838 per lifetime reserve day+	Per Admission In-Network In 2026 the amounts for each admission were \$0 or up to: • Days 1-60: \$1,736 deductible+ • Days 61-90: \$434 per day+ • Days 91-150: \$868 per lifetime reserve day+

	2026 (this year)	2027 (next year)
	You will not be charged additional cost sharing for professional services. + These amounts may change for 2026. If you're eligible for Medicare cost-sharing assistance under Medicaid, you may pay \$0.	You will not be charged additional cost sharing for professional services. + These amounts may change for 2027. If you're eligible for Medicare cost-sharing assistance under Medicaid, you may pay \$0.
Inpatient services in a psychiatric hospital	Per Admission In- and Out-of-Network In 2025 the amounts for each admission were \$0 or up to: • Days 1-60: \$1,676 deductible+ • Days 61-90: \$419 per day+ • Days 91-190: \$838 per lifetime reserve day+ You will not be charged additional cost sharing for professional services. + These amounts may change for 2026. If you're eligible for Medicare cost-sharing assistance under Medicaid, you may pay \$0.	Per Admission In- and Out-of-Network In 2026 the amounts for each admission were \$0 or up to: • Days 1-60: \$1,736 deductible+ • Days 61-90: \$434 per day+ • Days 91-190: \$868 per lifetime reserve day+ You will not be charged additional cost sharing for professional services. + These amounts may change for 2027. If you're eligible for Medicare cost-sharing assistance under Medicaid, you may pay \$0.
Meal delivery (post discharge) benefit	Out-of-Network Meals must be provided by our plan's approved partner. We do not reimburse for home-delivered meals provided by other services.	Out-of-Network \$500 deductible, then you pay 90% of the allowed amount for home-delivered meals, up to the combined in- and out-of-network maximum of 28 meals per qualified stay. Reimbursement up to a maximum of \$600 annually
Over-the-counter (OTC) catalog	Our plan offers a \$280 quarterly allowance, to be used to purchase qualified over-the-counter (OTC)	Our plan offers a \$192 quarterly allowance, to be used to purchase qualified over-the-counter (OTC)

	2026 (this year)	2027 (next year)
	items from our mail-order service. In-Network You pay 0% of the cost of qualified OTC items, up to the \$280 quarterly maximum. Out-of-Network OTC items must be ordered from our plan's approved service. We do not reimburse for OTC items purchased from retail stores or other mail order services.	items from our mail-order service. In-Network You pay 0% of the cost of qualified OTC items, up to the \$192 quarterly maximum. Out-of-Network \$200 deductible, then you pay 90% of the allowed amount of qualified OTC items, up to the combined in- and out-of-network \$192 quarterly maximum.
Skilled nursing facility (SNF)	Per Admission In- and Out-of-Network In 2025 the amounts for each covered hospital stay were \$0 or up to: • Days 1-20: \$0 per day + • Days 21-100: \$209.50 per day + You will not be charged additional cost sharing for professional services. + These amounts may change for 2026. You're covered for up to 100 days per admission.	Per Admission In- and Out-of-Network In 2026 the amounts for each covered hospital stay were \$0 or up to: • Days 1-20: \$0 per day + • Days 21-100: \$217 per day + You will not be charged additional cost sharing for professional services. + These amounts may change for 2027. You're covered for up to 100 days per admission.
Transportation Benefit (non-emergency)	Out-of-Network Transportation must be provided by our plan's approved partner. We do not reimburse for non-emergency transportation provided by other services.	Out-of-Network You pay 90% of the allowed amount of eligible trips, up to the combined in- and out-of-network maximum of 52 one-way trips.
Urgently needed services	In-Network You pay 0% to 20% of the allowed amount (up to \$40) for each Medicare-covered urgently needed	In-Network You pay 0% to 20% of the allowed amount (up to \$40) for each Medicare-covered urgently

	2026 (this year)	2027 (next year)
	care visit in the United States and its territories. You pay a \$125 copayment for each non-Medicare covered urgently needed care visit outside the United States and its territories.	needed care visit in the United States and its territories. You pay a \$130 copayment for each non-Medicare covered urgently needed care visit outside the United States and its territories.

Section 1.6 Changes to Part D Drug Coverage

Changes to our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically and posted online at networkhealth.com/look-up-medications.

You can get the complete Drug List by calling our member experience team at 855-653-4363 (TTY users call 711) or visiting our website at networkhealth.com/look-up-medications.

We made changes to our Drug List, which could include removing or adding drugs or changing the restrictions that apply to our coverage for certain drugs. **Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions.**

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you’re taking, we’ll send you a notice about the change.

If you’re affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception and/or working to find a new drug. Call our member experience team at 855-653-4363 (TTY users call 711) for more information.

Section 1.7 Changes to Prescription Drug Benefits and Costs

Do you get Extra Help to pay for your drug coverage costs?

If you’re in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs may not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don’t get this material by September 30, 2026, call our member experience team at 855-653-4363 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Part D drugs until you reach the yearly deductible.

- Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date Out-of-Pocket costs reach \$2,400.

- Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	\$615	\$700

Drug Costs in Stage 2: Initial Coverage

The table shows your cost per prescription for a one-month supply filled at a network pharmacy.

Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you’ve paid \$2,400 out of pocket for covered Part D drugs, you’ll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
Tier 1:	If you receive Extra Help, depending on your income level, your actual cost share may be less: 25% of the total cost	If you receive Extra Help, depending on your income level, your actual cost share may be less:

	2026 (this year)	2027 (next year)
	You pay no more than \$35 per month supply of each covered insulin product on this tier.	25% of the total cost You pay no more than \$35 per month supply of each covered insulin product on this tier.

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Dental Services – Extra Benefits	One fluoride treatment per year Two periodontal maintenance appointments per year	Two fluoride treatments per year Four periodontal maintenance appointments per year

SECTION 3 How to change Plans

To stay in Network Health Cares, you don't need to do anything. Unless you sign up for a different Medicare health plan or change to Original Medicare by December 7, you'll automatically be enrolled in Network Health Cares.

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan**, enroll in the new plan. You'll automatically be disenrolled from Network Health Cares. Remember, that not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can't join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with separate Medicare drug coverage**, you can enroll in a Part D plan and you'll automatically be disenrolled from Network Health Cares.
- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call our member experience team at 855-653-4363 (TTY users call 711) for more information on how to do this. Or call **Medicare**, at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048.
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to section 5), or call 1-800-Medicare (1-800-633-4227). As a reminder, Network Health Insurance Corporation offers other Medicare health plans. These other plans can have different coverage, monthly plan premiums, and cost-sharing amounts.

Section 3.1 Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 – December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 – March 31, 2027.

Section 3.2 Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

Because you have Medicaid, you can end your membership in our plan by choosing one of the following Medicare options in any month of the year:

- Original Medicare *with* a Medicare prescription drug plan,
- Original Medicare *without* a Medicare prescription drug plan (If you choose this option, Medicare may enroll you in a drug plan, unless you have opted out of automatic enrollment.), or
- If eligible, an integrated D-SNP that provides your Medicare and most or all of your Medicaid benefits and services in one plan.

If you recently moved into or currently live in an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs, including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213, Monday-Friday from 8 a.m. to 7 p.m., for a representative. Automated messages are available 24 hours a day. TTY users can call, 1-800-325-0778.
 - Your State Medicaid office.
- **Help from your state's pharmaceutical assistance program (SPAP).** Wisconsin has a program called Wisconsin SeniorCare that helps people pay for prescription drugs based on their financial need, age, or medical condition. To learn more about the program, check with your State Health

Insurance Assistance Program (SHIP). To get the phone number for your state, visit shiphelp.org, or call 1-800-MEDICARE.

- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Wisconsin AIDS/HIV Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue receiving help, call 608-261-6952, 608-267-6875 or 800-991-5532. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 866-845-1803 (TTY users call 800-716-3231) or visit [Medicare.gov](https://www.medicare.gov).

SECTION 5 Questions?

Get help from Network Health Cares

- **Call our member experience team at 855-653-4363 (TTY users call 711).**

We're available for phone calls Monday - Friday from 8 a.m. to 8 p.m. From October 1, 2026, through March 31, 2027, we're available every day from 8 a.m. to 8 p.m. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for Network Health Cares. The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at networkhealth.com/medicare/plan-materials or call our member experience team at 855-653-4363 (TTY users call 711) to ask us to mail you a copy.

- **Visit networkhealth.com.**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Wisconsin, the SHIP is called Wisconsin SHIP.

Call Wisconsin SHIP to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call Wisconsin SHIP at 1-800-242-1060. Learn more about Wisconsin SHIP by visiting dhs.wisconsin.gov/benefit-specialists/medicare-counseling.htm.

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, seven days a week. TTY users can call 1-877-486-2048.

- **Chat live with [Medicare.gov](https://www.Medicare.gov)**

You can chat live at [Medicare.gov/talk-to-someone](https://www.Medicare.gov/talk-to-someone)

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit [Medicare.gov](https://www.Medicare.gov)**

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Get Help from Medicaid

Call 1-800-362-3002, Monday – Friday, 8 a.m. to 6 p.m. TTY users call 711.

Discrimination is Against the Law

Network Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex, including sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation; gender identity, and sex stereotypes. Network Health does not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

Network Health:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats).
- Provides free language assistance services to people whose primary language is not English, which may include:
 - Qualified interpreters
 - Information written in other languages.

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact Network Health's Compliance Officer.

If you believe that Network Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Network Health
Attn: Compliance Officer
1570 Midway Place
Menasha, WI 54952
Phone: 855-653-4363
(TTY users should call 711)
Email: compliance@networkhealth.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Network Health's compliance Officer is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

H5215_5105-02h-0725_C

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

This notice is available at Network Health's website: networkhealth.com.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 855-653-4363 (TTY: 711) or speak to your provider.

Albanian: Nëse flisni shqip, shërbime falas të ndihmës së gjuhës janë në dispozicion për ju. Ndihma të përshtatshme dhe shërbime shtesë për të siguruar informacion në formate të përdorshme janë gjithashtu në dispozicion falas. Telefononi 855-653-4363 (TTY: 711) ose bisedoni me ofruesin tuaj të shërbimit.

Arabic: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات تنبيه: كما تتوفر وسائل مساعدة وخدمات المساعدة اللغوية المجانية. مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. أو تحدث إلى مقدم (711) 855-653-4363 اتصل على الرقم الخدمة.

Chinese: 如果您说中文，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 855-653-4363（文本电话：711）或咨询您的服务提供商。

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 855-653-4363 (TTY : 711) ou parlez à votre fournisseur.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzen zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 855-653-4363 (TTY : 711) an oder sprechen Sie mit Ihrem Provider.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध 855-653-4363 (TTY : 711) पर कॉल करें या अपने प्रदाता से बात करें।

Hmong: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau 855-653-4363 (TTY : 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 855-653-4363 (TTY : 711) 번으로 전화하거나 서비스 제공업체에 문의하십시오.

Laotian: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ 855-653-4363 (TTY : 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

Pennsylvania Dutch: Wann du Druwwel hoscht fer Englisch verschtehe, kenne mer epper beigriege fer dich helfe unni as es dich ennich eppes koschte zeelt. Mir kenne dich helfe aa wann du Druwwel hoscht fer heere odder sehne. Mir kenne Schtofft lauder mache odder iesier fer lese un sell koscht dich aa nix. Ruf 855-653-4363 (TTY: 711) uff odder schwetz mit dei Provider.

Polish: Osoby mówiące po polsku mogą skorzystać z bezpłatnej pomocy językowej. Dodatkowe pomoce i usługi zapewniające informacje w dostępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 855-653-4363 (TTY : 711) lub porozmawiaj ze swoim dostawcą.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 855-653-4363 (TTY : 711) или обратитесь к своему поставщику услуг.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 855-653-4363 (TTY : 711) o hable con su proveedor.

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 855-653-4363 (TTY : 711) o makipag-usap sa iyong provider.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 855-653-4363 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của