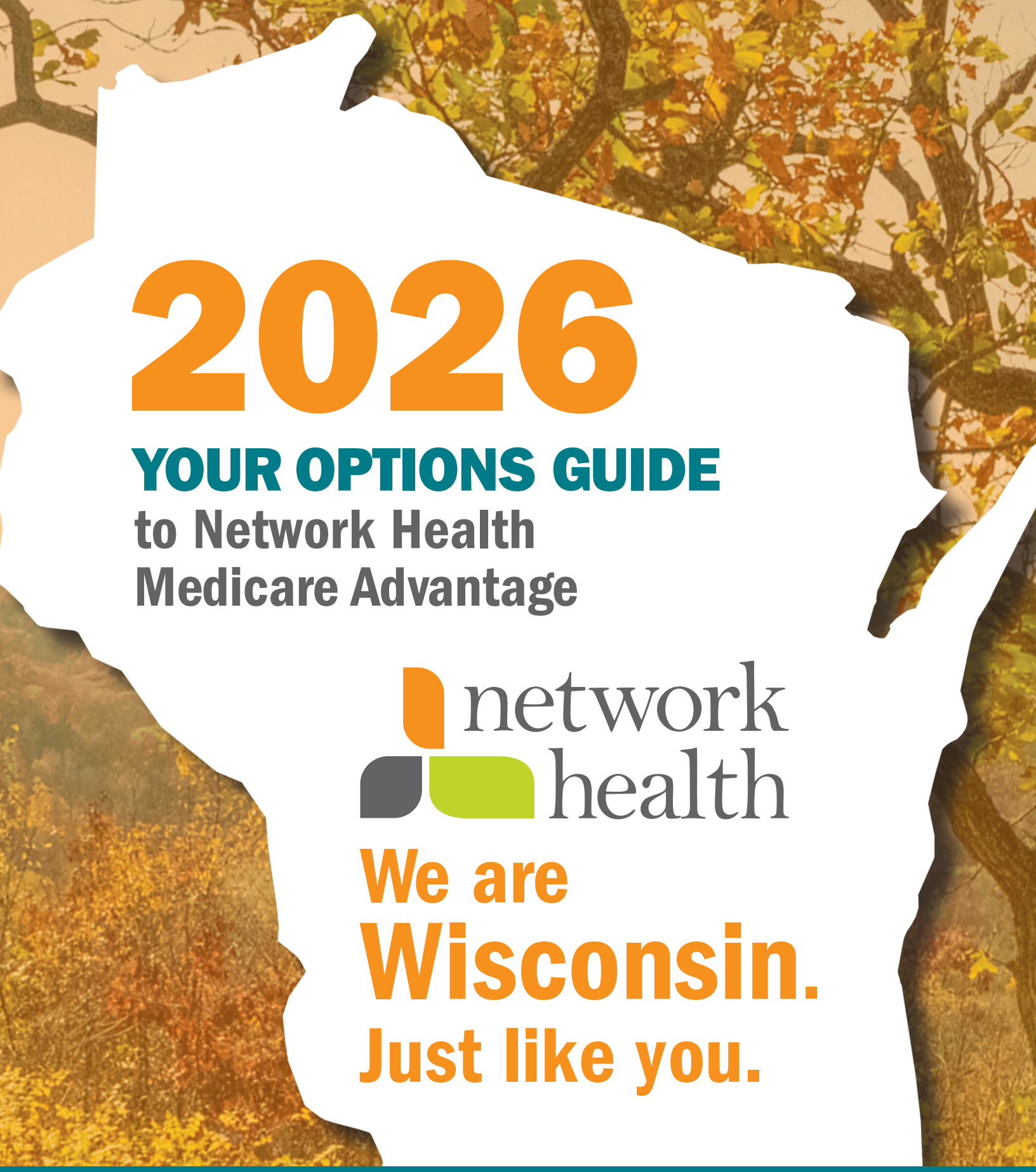


2026

YOUR OPTIONS GUIDE

to Network Health
Medicare Advantage

network health

We are
Wisconsin.
Just like you.

866-426-4294 · networkhealth.com

WHY CHOOSE NETWORK HEATH?

With more than 40 years of experience, Network Health continues to be the largest provider-owned Medicare Advantage plan in Wisconsin.*

95 percent of our Medicare members stayed with us last year, with **64 percent** choosing to stay with Network Health for three or more years.

44 percent of our Medicare members have been with us for **more than six years**, with our longest tenured members staying with us for **more than 20 years**.**

But it's not just about the numbers. It's about the quality Network Health provides to every single member.

What do over 85,000 Medicare members feel is special about Network Health?

- We are your **local**, **reliable** partner delivering an **exceptional** health insurance experience.
- We live and work **right here in Wisconsin**, in the communities we serve. Shouldn't your plan be local and know who you are?
- Our Wisconsin-based member experience team answers questions using language that's **easy to understand**.
- Member **calls are answered in less than 30 seconds**, 90 percent of the time, by a person.*** Forget long wait times and talking to automated messages.
- Members have direct access to **local Network Health pharmacists**.

> **I did my homework like everybody else does and my neighbors, friends, family, most of them have Network Health. I've heard nothing but positive things about their customer service.**
>
> Bev V., Network Health Medicare Advantage member

*Based on the Centers for Medicare & Medicaid Services enrollment report for August 2025
**Based on Network Health Medicare Advantage Plan membership as of August 2025
***Based on Network Health call data collected as of July 2025.

THE CHOICE IS YOURS

Choose a Network Health Medicare Advantage Plan with a **$0 monthly premium** and **extra benefits** that fit your lifestyle.

Manage and Predict Your Monthly Expenses

Network Health Choice or Network Health Anywhere – Built-in Extra Benefits and Part B Premium Giveback

The security of built-in dental, vision and hearing benefits helps when planning ahead. Our Medicare Part B Premium Giveback* puts money back in your pocket. You also pay the same for care when you see in- and out-of-network doctors.

Choose the Extra Benefits That Fit Your Life Best

Network Health Select, Network Health Go or Network Health Zero – Flexibility to Pick Your Perks

The flexible Pick Your Perks reimbursement program gives you the freedom to choose the extra benefits that mean the most to you. Plus, you can choose in- and out-of-network doctors. With Network Health Select, you pay the same no matter which provider you select. With Network Health Go and Network Health Zero, you pay less when you see in-network doctors.

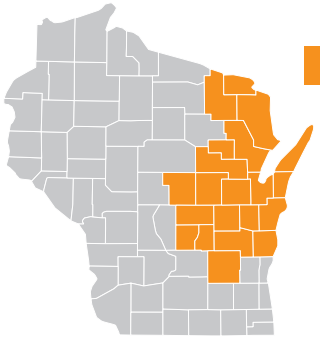
For Veterans and Those With Other Drug Coverage

Network Health Armor or Network Health Bravo – Preventive and Comprehensive Dental Coverage and Part B Premium Giveback

These plans provide medical coverage, preventive and comprehensive dental coverage and the Part B Premium Giveback* puts money back in your pocket. Order up to $100 each quarter from the Over-the-Counter catalog, delivered right to your door. Plus, this is a great plan if you are already receiving prescription drug coverage through the Veterans program or Wisconsin SeniorCare®. And you can choose in- and out-of-network doctors.

See page 10 for more details about this benefit.

SERVICE AREA FOR PPO PLANS

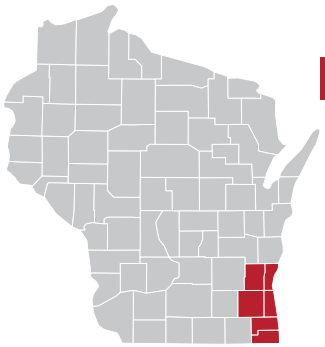


Network Health Armor
Network Health Select
Network Health Choice
Network Health PlusRx
Network Health PremierRx

Network Health Zero

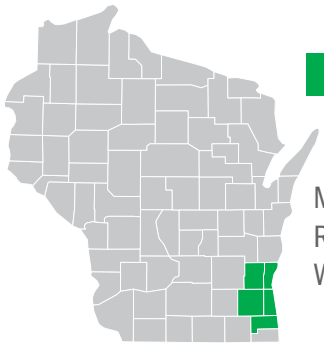
Calumet, Fond du Lac, Manitowoc, Outagamie, Shawano, Sheboygan, Waupaca, Waushara, Winnebago

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



Network Health Anywhere
Network Health Bravo

Kenosha, Milwaukee, Ozaukee, Racine, Washington, Waukesha



Network Health Go

Milwaukee, Ozaukee, Racine, Washington, Waukesha

PICK YOUR PERKS

With the Pick Your Perks reimbursement program, you get to choose the extra benefits that matter most to you. Network Health Go members receive up to $1,155, Network Health Zero members receive up to $625 and Network Health Select members receive up to $550 for the cost of eligible supplemental benefits. To learn more, visit networkhealth.com/medicare/extra-benefits. You can use the program for the following.

	• Reimbursement for **dental services** not covered by Medicare, such as cleanings, fillings, X-rays, dentures, dental implants, root canals and crowns. • ***Excludes*** cosmetic dentistry, orthodontia, dental insurance premiums and dental memberships.
	• **Vision hardware** including prescription eyeglasses, prescription sunglasses and contact lenses (including Corneal Refractive Therapy (CRT) lenses). • ***Excludes*** cosmetic items, warranties and LASIK.
	• You can purchase **over-the-counter items** including toothpaste, bandages, cotton swabs, sunscreen and more at your local pharmacy, store or online. • Visit **networkhealth.com/medicare/extra-benefits** to get the full list of items available for reimbursement.
	• Up to four **personal training** visits with a licensed/certified personal trainer. • Maximum total reimbursement of $225.
	• **Massage** when prescribed by a medical provider and provided by a certified, licensed professional.
	• **Acupuncture** provided by a certified, licensed professional.
	• **Home-delivered meals** provided by Mom's Meals®, after an inpatient hospital, hospital observation or skilled nursing facility stay, or if you have been diagnosed with cancer, diabetes, heart disease, high blood pressure, lung disease, COPD or osteoporosis.
	• **Nutritional/dietary counseling** for weight loss, healthier living and new disease diagnosis requiring a special diet. • Must be provided by a certified, licensed professional. • ***Excludes*** meal plans, lab work and allergy tests.
	• **Non-emergency transportation** to get to medical appointments and pharmacies, with approved transportation vendor partner.

You have access to the full Pick Your Perks benefit amount beginning the day your Network Health plan coverage starts. You pay for your eligible items or services, submit the necessary documentation **such as an itemized invoice or receipt**, and get reimbursed. You can be reimbursed by direct deposit or a check in the mail. **Reimbursement documentation must be received within 120 days of the date of service or item's purchase.**

Contact a Network Health Medicare advisor at **866-426-4294** to learn more about some exclusions and reimbursement details.

FLEXIBILITY TO CHOOSE

Don't want to wait to get reimbursed from Pick Your Perks?

Choose a plan with embedded benefits like dental and vision and a Part B Premium Giveback that gives you money back to spend however you like.

$0 PREMIUM BENEFIT HIGHLIGHTS

Network Health Choice and Network Health Anywhere

- $0 premium
- Monthly Part B Premium Giveback*
- $0 Tier 1 preferred mail order prescription drugs, greater than a 30-day supply
- You pay the same when you see in- and out-of-network doctors
- 100% preventive and 50% comprehensive in-network dental coverage, up to plan's maximum

Network Health Select, Network Health Go and Network Health Zero

- $0 premium
- Pick Your Perks flexible reimbursement program
- $0 Tier 1 preferred mail order prescription drugs, greater than a 30-day supply
- See both in- and out-of-network doctors, it's your choice

Network Health Armor and Network Health Bravo

- $0 premium
- Monthly Part B Premium Giveback*
- Choose to see both in- and out-of-network doctors
- 100% preventive and comprehensive in-network dental coverage
  - $5,000 combined annual maximum with one dental implant
- Up to $400 allowance on eyewear

*See page 10 for more details about this benefit.

My husband had triple bypass surgery and I can't say enough about Network Health. Everything worked just like clockwork. I knew just what was coming.

Julie G., Network Health Medicare Advantage member

NORTHEAST WISCONSIN

MEDICARE ADVANTAGE PPO PLANS BENEFITS AT A GLANCE	Network Health Armor	Network Health Zero	
	Please see county listing for service area.		
Your Costs	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS	IN-NETWORK	OUT-OF-NETWORK
Monthly Premium	$0	$0	
Monthly Part B Premium Giveback[2,3]	$25 per month	$2 per month	
Annual Medical Maximum Out-of-Pocket	$4,900 combined in- and out-of-network	$3,860	$6,200 combined in- and out-of-network
Inpatient Hospital Services[1] Per admission	$295 per day, days 1 - 6 $0 days 7 and beyond	$340 per day, days 1 - 7 $0 days 8 and beyond	$700 per day, days 1 - 7 $0 days 8 and beyond
Outpatient Hospital Services[1]	$275	$300	$600
Primary Care Provider Visit	$0	$0	$30
Specialist Visit	$40	$55	$110
Dental Services[2] When receiving out-of-network care for eligible services, you must pay the difference between the Say Cheese Dental Network in-network payment and the amount charged by the out-of-network dentist	100% coverage in-network, Includes one implant and resin $5,000 combined annual maximum Member pays 50% out-of-network	Up to $625 reimbursed through Pick Your Perks	
Additional Eyewear[2]	$400 allowance at EyeMed providers	Up to $625 reimbursed through Pick Your Perks	
Pick Your Perks[2]*	Not included	$625	
Over-the-Counter Catalog[2]	$100 per quarter, Two orders per quarter No rollover on quarterly allowance	Up to $625 reimbursed through Pick Your Perks	
PHARMACY			
Yearly Drug Deductible You pay the full amount of your covered Part D drugs until the deductible is met.	Not included	$330 Applies to Tiers 2 - 5	
INITIAL COVERAGE – Amount shown is the maximum you will pay. You may pay less. Once the $2,100 Maximum Out-of-Pocket is met, you will pay $0.			
30-Day Supply Preferred Pharmacy or Preferred Mail Order Pharmacy	Not included	$0 for Tier 1 $8 for Tier 2 23% for Tier 3 25% for Tier 4 29% for Tier 5	
3-Month Supply Preferred Pharmacy 100-Day for Tier 1 90-Day for Tiers 2-4	Not included	$0 for Tier 1 $20 for Tier 2 23% for Tier 3 25% for Tier 4 Tier 5 is not available	
3-Month Supply Preferred Mail Order Pharmacy 100-Day Supply for Tier 1 90-Day Supply for Tiers 2-4	Not included	$0 for Tier 1 $0 for Tier 2 after deductible 23% for Tier 3 25% for Tier 4 Tier 5 is not available	

See the bottom of page 9 for additional details regarding benefits shown on these pages.

NORTHEAST WISCONSIN

MEDICARE ADVANTAGE PPO PLANS BENEFITS AT A GLANCE	Network Health Select	Network Health Choice	Network Health PlusRx	Network Health PremierRx
	Please see county listing for service area.			
Your Costs	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS			
Monthly Premium	$0	$0	$73	$226
Monthly Part B Premium Giveback[2,3]	$3.20 per month	$24 per month	Not included	Not included
Annual Medical Maximum Out-of-Pocket	$3,900 combined in- and out-of-network	$4,700 combined in- and out-of-network	$3,400 combined in- and out-of-network	$3,400 combined in- and out-of-network
Inpatient Hospital Services[1] Per admission	$275 per day, days 1 - 6 $0 days 7 and beyond	$315 per day, days 1 - 7 $0 days 8 and beyond	$175 per day, days 1 - 5 $0 days 6 and beyond	$75 per day, days 1 - 5 $0 days 6 and beyond
Outpatient Hospital Services[1]	$300	$300	$350	$0
Primary Care Provider Visit	$0	$0	$15	$10
Specialist Visit	$60	$50	$40	$20
Dental Services[2] When receiving out-of-network care for eligible services, you must pay the difference between the Say Cheese Dental Network in-network payment and the amount charged by the out-of-network dentist	Up to $550 reimbursed through Pick Your Perks	100% preventive, 50% comprehensive in-network, $1,500 combined in- and out-of-network annual maximum	100% preventive, 50% comprehensive in-network, $750 combined in- and out-of-network annual maximum	Preventive: 1 cleaning and exam per year for $30
		Member pays 80% out-of-network	Member pays 80% out-of-network	$100 reimbursement out-of-network
Additional Eyewear[2]	Up to $550 reimbursed through Pick Your Perks	$200 allowance at EyeMed providers	Not included	Not included
Pick Your Perks[2]*	$550	Not included	Not included	Not included
Over-the-Counter Catalog[2]	Up to $550 reimbursed through Pick Your Perks	$40 per quarter, Two orders per quarter No rollover on quarterly allowance	$140 per quarter Two orders per quarter No rollover on quarterly allowance	$85 per quarter Two orders per quarter No rollover on quarterly allowance
PHARMACY				
Yearly Drug Deductible You pay the full amount of your covered Part D drugs until the deductible is met.	$330 Applies to Tiers 2 - 5	$300 Applies to Tiers 2 - 5	$340 Applies to Tiers 2 - 5	$340 Applies to Tiers 2 - 5
INITIAL COVERAGE – Amount shown is the maximum you will pay. You may pay less. Once the $2,100 Maximum Out-of-Pocket is met, you will pay $0.				
30-Day Supply Preferred Pharmacy or Preferred Mail Order Pharmacy	$1 for Tier 1 $8 for Tier 2 21% for Tier 3 29% for Tier 4 29% for Tier 5	$1 for Tier 1 $8 for Tier 2 23% for Tier 3 28% for Tier 4 29% for Tier 5	$0 for Tier 1 $8 for Tier 2 23% for Tier 3 25% for Tier 4 29% for Tier 5	$0 for Tier 1 $8 for Tier 2 23% for Tier 3 25% for Tier 4 29% for Tier 5
3-Month Supply Preferred Pharmacy 100-Day for Tier 1 90-Day for Tiers 2-4	$2 for Tier 1 $20 for Tier 2 21% for Tier 3 29% for Tier 4 Tier 5 is not available	$2 for Tier 1 $20 for Tier 2 23% for Tier 3 28% for Tier 4 Tier 5 is not available	$0 for Tier 1 $20 for Tier 2 23% for Tier 3 25% for Tier 4 Tier 5 is not available	$0 for Tier 1 $20 for Tier 2 23% for Tier 3 25% for Tier 4 Tier 5 is not available
3-Month Supply Preferred Mail Order Pharmacy 100-Day Supply for Tier 1 90-Day Supply for Tiers 2-4	$0 for Tier 1 $0 for Tier 2 after deductible 21% for Tier 3 29% for Tier 4 Tier 5 is not available	$0 for Tier 1 $0 for Tier 2 after deductible 23% for Tier 3 28% for Tier 4 Tier 5 is not available	$0 for Tier 1 $0 for Tier 2 after deductible 23% for Tier 3 25% for Tier 4 Tier 5 is not available	$0 for Tier 1 $0 for Tier 2 after deductible 23% for Tier 3 25% for Tier 4 Tier 5 is not available

SOUTHEAST WISCONSIN

MEDICARE ADVANTAGE PPO PLANS BENEFITS AT A GLANCE	Network Health Go		Network Health Anywhere
	Please see county listing for service area.		
Your Costs	IN-NETWORK	OUT-OF-NETWORK	YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS
Monthly Premium	$0		$0
Monthly Part B Premium Giveback[2,3]	Not included		$21 per month
Annual Medical Maximum Out-of-Pocket	$4,500	$7,400 combined in- and out-of-network	$4,500 combined in- and out-of-network
Inpatient Hospital Services[1] Per admission	$295 per day, days 1 - 6 $0 days 7 and beyond	$800 per day, days 1 - 7 $0 days 8 and beyond	$275 per day, days 1 - 6 $0 days 7 and beyond
Outpatient Hospital Services[1]	$275	$550	$260
Primary Care Provider Visit	$0	$30	$0
Specialist Visit	$50	$100	$45
Dental Services[2] When receiving out-of-network care for eligible services, you must pay the difference between the Say Cheese Dental Network in-network payment and the amount charged by the out-of-network dentist	Up to $1,155 reimbursed through Pick Your Perks		100% preventive, 50% comprehensive in-network $2,000 combined in- and out-of-network annual maximum Member pays 80% out-of-network
Additional Eyewear[2]	Up to $1,155 reimbursed through Pick Your Perks		$350 allowance at EyeMed providers
Pick Your Perks[2]*	$1,155		Not available
Over-the-Counter Catalog[2]	Up to $1,155 reimbursed through Pick Your Perks		$25 per quarter Two orders per quarter No rollover on quarterly allowance
PHARMACY			
Yearly Drug Deductible You pay the full amount of your covered Part D drugs until the deductible is met.	$340 Applies to Tiers 2 - 5		$320 Applies to Tiers 2 - 5
INITIAL COVERAGE – Amount shown is the maximum you will pay. You may pay less. Once the $2,100 Maximum Out-of-Pocket is met, you will pay $0.			
30-Day Supply Preferred Pharmacy or Preferred Mail Order Pharmacy	$0 for Tier 1 $8 for Tier 2 23% for Tier 3 25% for Tier 4 29% for Tier 5		$1 for Tier 1 $8 for Tier 2 22% for Tier 3 28% for Tier 4 29% for Tier 5
3-Month Supply Preferred Pharmacy 100-Day for Tier 1 90-Day for Tiers 2-4	$0 for Tier 1 $20 for Tier 2 23% for Tier 3 25% for Tier 4 Tier 5 is not available		$2 for Tier 1 $20 for Tier 2 22% for Tier 3 28% for Tier 4 Tier 5 is not available
3-Month Supply Preferred Mail Order Pharmacy 100-Day Supply for Tier 1 90-Day Supply for Tiers 2-4	$0 for Tier 1 $0 for Tier 2 after deductible 23% for Tier 3 25% for Tier 4 Tier 5 is not available		$0 for Tier 1 $0 for Tier 2 after deductible 22% for Tier 3 28% for Tier 4 Tier 5 is not available

SOUTHEAST WISCONSIN

MEDICARE ADVANTAGE PPO PLANS BENEFITS AT A GLANCE	Network Health Bravo Please see county listing for service area.	
Your Costs	IN-NETWORK	OUT-OF-NETWORK
Monthly Premium	$0	
Monthly Part B Premium Giveback[2,3]	$15 per month	
Annual Medical Maximum Out-of-Pocket	$4,500	$8,000 combined in- and out-of-network
Inpatient Hospital Services[1] Per admission	$295 per day, days 1 - 6 $0 days 7 and beyond	$550 per day, days 1 - 6 $0 days 7 and beyond
Outpatient Hospital Services[1]	$275	$450
Primary Care Provider Visit	$0	$30
Specialist Visit	$40	$75
Dental Services[2] When receiving out-of-network care for eligible services, you must pay the difference between the Say Cheese Dental Network in-network payment and the amount charged by the out-of-network dentist	100% coverage in-network, Includes one implant and resin $5,000 combined in- and out-of-network annual maximum	Member pays 50% out-of-network
Additional Eyewear[2]	$400 allowance at EyeMed providers	Not covered
Pick Your Perks[2]*	Not available	Not available
Over-the-Counter Catalog[2]	$100 per quarter, Two orders per quarter No rollover on quarterly allowance	Not available
PHARMACY		
Yearly Drug Deductible You pay the full amount of your covered Part D drugs until the deductible is met.	Not included	
INITIAL COVERAGE – Amount shown is the maximum you will pay. You may pay less. Once the $2,100 Maximum Out-of-Pocket is met, you will pay $0.		
30-Day Supply **Preferred Pharmacy or Preferred Mail Order Pharmacy**	Not included	Not included
3-Month Supply **Preferred Pharmacy** **100-Day for Tier 1** **90-Day for Tiers 2-4**	Not included	Not included
3-Month Supply **Preferred Mail Order Pharmacy** **100-Day Supply for Tier 1** **90-Day Supply for Tiers 2-4**	Not included	Not included

*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.

[1]Service may require prior authorization.
[2]Visit **networkhealth.com/medicare/extra-benefits** for more information, this is not a medical benefit.
[3]You must meet all eligibility requirements to receive the Medicare Part B Premium Giveback.

NETWORK HEALTH EXTRAS

Part B Premium Giveback

If you pay a Medicare Part B premium, we may pay part of that premium for you. We call this a monthly Giveback and it is included with **Network Health Anywhere, Network Health Armor, Network Health Bravo, Network Health Choice, Network Health Select and Network Health Zero** plans. It's like getting a raise on your Social Security check.

To qualify for the monthly Part B Premium Giveback, you must be enrolled in Medicare Parts A and B, pay your own premiums, live in our service area and enrolled in a plan with this benefit.

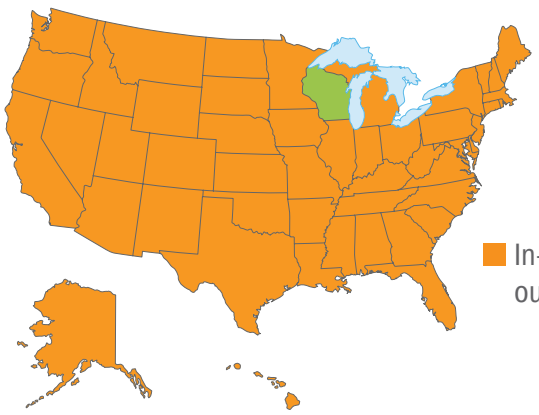
The Giveback is administered through the Social Security Administration, and depending on how you pay the Part B premium, the Giveback can take up to 90 days to begin and will show as an increase in your Social Security check or a credit on your Part B premium statement.

Fitness with One Pass™

Our partnership with One Pass gives you unlimited access to more than 24,000 digital classes and over 28,000 premium and core fitness locations—including YMCAs—nationwide.

Travel

Receive in-network coverage when you venture outside Wisconsin and within the US and its territories. You can see any provider who accepts Medicare beneficiaries. Go wherever life takes you and get health care when you need it—no need to call ahead to let us know.



In-network coverage outside of Wisconsin

Dental with Say Cheese Dental Network

Protecting your teeth and gums should be effortless and there are multiple ways that Network Health can help you get that coverage. Choose a plan that gives you the flexibility to Pick Your Perks and get reimbursed for your dental coverage, or a plan that has your dental benefits built-in. Network Health partners with Say Cheese Dental Network to provide your dental benefit.

Vision with EyeMed®

Annual eye exams are an important part of your health care, so we partner with EyeMed to offer you an annual routine vision exam for a $0 copayment with our **Network Health Choice**, **Network Health Armor**, **Network Health Anywhere** and **Network Health Bravo** plans and a $10 copayment for all other PPO plans.

Hearing with TruHearing®

Hearing impacts your health, wellness and safety which is why we partner with TruHearing to offer you an annual routine hearing exam for a $0 copayment when you see an in-network provider.

Over-the-Counter Benefits

Some Network Health plans offer an over-the-counter (OTC) benefit, so you can get the OTC products you need. Our catalog ordering process makes it easy to shop from the comfort of your home.

Virtual Doctor Visits with MDLIVE®

If you are feeling ill and wish you could stay home and rest without heading to the doctor, MDLIVE makes it easy to receive the care you need for $0.

WHAT IS A MEDICARE MSA PLAN?

High-Deductible Health Plan

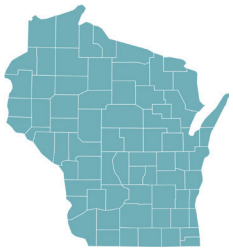
Medical Savings Account

Network Health Prime has a $4,000 deductible, prorated based on your effective date, and a $0 monthly premium.

Medicare deposits $1,750 into this account once a year, prorated based on when you enroll.

Network Health Prime is a Medicare Advantage plan which covers your hospital and medical care (known as Medicare Parts A and B). Once you've paid a certain amount for health care (called the deductible), the plan begins paying for the Medicare-covered services you receive.

This is a special savings account used for health care costs. Once a year, Medicare deposits money into your account, and you can use this money to pay for health care before you meet the deductible. Any money left over is yours to keep and apply to future health care expenses.



Network Health Prime (MSA) is available in all 72 Wisconsin counties.

There is no network of providers for Network Health Prime. Any doctor or hospital that accepts Medicare beneficiaries should accept your Network Health Prime plan. Providers are under no obligation to treat members, except in emergency situations.

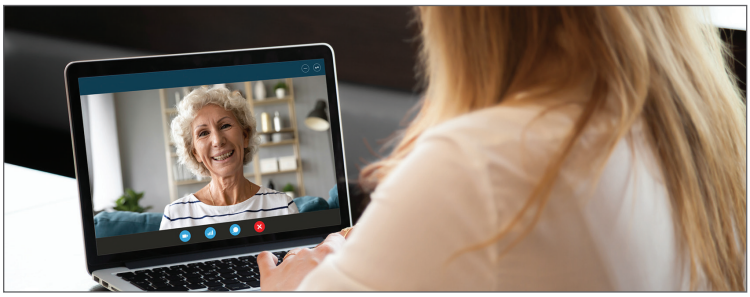
BENEFIT	Network Health Prime (MSA)
Premium	$0
Deductible	$4,000 You pay nothing for Medicare-covered services after you meet your deductible. *This amount is prorated based on the month you enroll.*
Annual deposit from Medicare	Medicare will deposit $1,750 into your account that is prorated based on when you enroll. *If you disenroll for any reason during the year, you'll be asked to pay back a prorated amount based on the date you disenroll.*
Services like hospital stays, doctor visits and emergency room visits	All Medicare covered services are billed at the Medicare-approved amount until you reach the deductible. You pay nothing after you reach your deductible.

ENROLL NOW

HOW TO ENROLL IN A NETWORK HEALTH MEDICARE ADVANTAGE PPO PLAN

CALL | Call a Wisconsin-based Medicare advisor at **866-426-4294** (TTY 711), Monday–Friday from 8 a.m. to 8 p.m. From October 1–March 31, we're available every day, 8 a.m. to 8 p.m.

ONE-ON-ONE | You can meet one-on-one with a knowledgeable and helpful local agent or one of our local Medicare advisors. Appointments can be held in-person, on the phone or through an online virtual tool.



To make an appointment, contact your local agent or call **866-426-4294** to speak with a Wisconsin-based Network Health Medicare Advisor.

ONLINE | Visit **networkhealth.com/enroll-now**

SCAN ME TO ENROLL NOW

Online **Enrollment**

WHAT HAPPENS NEXT?

1. Network Health confirms the date your coverage will start.
2. Network Health mails your member ID card.
3. After your plan is effective, you'll receive your member guide, which gives you tips to get the most out of your coverage.

network health

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