



Discharge Planning Benefits Resource

2025 Medicare Advantage Plan Benefits

SUPPLEMENTAL BENEFITS BY PLAN

See reverse for details on how to access different benefits

	Network Health <i>Anywhere</i> (PPO)	Network Health <i>Armor</i> (PPO)	Network Health <i>Bravo</i> (PPO)*	Network Health <i>Cares</i> (PPO D-SNP)	Network Health <i>Choice</i> (PPO)	Network Health <i>Go</i> (PPO)*	Network Health <i>Plus Rx</i> (PPO)	Network Health <i>Premier Rx</i> (PPO)	Network Health <i>Select</i> (PPO)	Network Health <i>Zero</i> (PPO)*	Network Health <i>Prime</i> (MSA)**
Over-the-counter catalog allowance		X	X	X	X		X				
Up to 24, one-way rides to and from dialysis for members with ESRD.***	X	X	X	X	X	X	X	X	X	X	
Up to 36 one-way rides per year to and from approved locations within the plan's service area.				X							
Up to 28 meals post discharge.				X							
Up to six fresh produce or pantry boxes delivered annually for members with a diagnosis of diabetes, congestive heart failure or obesity.				X							
In-home support services such as technology help, transportation, shopping and meal preparation. Up to 60 hours annually. Excludes personal care such as bathing and dressing and cleaning tasks that you would pay a professional to do.				X							
Telehealth virtual visits	X	X	X	X	X	X	X	X	X	X	X
Pick your Perks Reimbursement for extra benefits such as dental services, vision hardware, home-delivered meals, non-emergency transportation, over the counter items, acupuncture, massage, personal training and nutritional/dietary counseling.									X	X	
Dental services	X	X	X	X	X	X	X	X	X	X	
Annual routine vision exam	X	X	X	X	X	X	X	X	X	X	
Routine hearing exam	X	X	X	X	X	X	X	X	X	X	
Fitness benefit	X	X	X	X	X	X	X	X	X	X	
*Members with these plans have a higher cost share for out-of-network											
**Network Health Prime members pay 100% of the Medicare approved amount until their annual deductible is met. After the annual deductible is met, the member pays for \$0 for any Medicare-covered service. No prior authorization for any services for this plan type.											
*** This is a Special Supplemental Benefit for the Chronically Ill (SSBCI) benefit. In addition to an eligible chronic condition, members must also meet additional eligibility requirements to receive the SSBCI benefit.											



DETERMINING WHICH PLAN TYPE A MEMBER HAS

- A. Determine which Network Health plan a member has. Benefits vary by plan type.
- B. The plan name is located on the front of the member ID card, at the top, next to the Network Health logo.



GENERAL BENEFITS

All Network Health Medicare Advantage members have the following benefits.
Home health care, outpatient physical, occupational and speech therapy and DME coverage.
(Prior authorization may be required for some services)

LINK TO EXTRA BENEFITS WEBSITE

networkhealth.com/medicare/extra-benefits

CONTACTS

Member Experience	For benefits and eligibility	855-580-9935 or 920-720-1460	Monday–Friday from 8 a.m. to 5 p.m.
Utilization Management and Care Management	For prior authorization and coordination	866-709-0019 or 920-720-1602	Monday–Friday from 8 a.m. to 5 p.m.

SPECIFIC REQUIREMENTS

In-Home Support	This is arranged through the Network Health Care Management department. Contact Network Health Care Management at 866-709-0019 to speak with your care manager for enrollment.
Meal and Food Box Delivery	Network Health partners with Mom’s Meals to provide this benefit. To take advantage, contact your care manager at 866-709-0019, Monday–Friday from 8 a.m. to 5 p.m.
Non-Emergency Transportation	This can be arranged through Aryv. If you are a D-SNP member, call Aryv at 855-923-1113 (TTY 711) to set up transportation for any medical, dental, pharmacy or dialysis appointments. To schedule other rides, contact your care manager at 866-709-0019 to make arrangements. To set up transportation using the Pick Your Perks benefit, or a trip to dialysis, call Aryv at 855-923-1113 (TTY 711) or visit aryv.com/network-health .
Over-the-Counter Catalog Allowance	Can place two orders per quarter. Unused amounts do not roll over to the next quarter. Allowed amounts vary by plan. Details can be found in the plan-specific <i>Evidence of Coverage</i> (EOC) document.
Pick Your Perks	Once billed for services or pay for eligible items, members must submit the reimbursement claim form to Employee Benefits Corporation (EBC) for processing. This must be received within 120 days of the date of service or item’s purchase. If members have questions about the reimbursement amount available, claims submission process or would like to check the status of a submission, they may do so through their member portal at login.networkhealth.com and click the Pick Your Perks button. They may also call EBC at 888-831-4753 Monday–Friday from 8 a.m. to 8 p.m.
MDLIVE® Telehealth Virtual Visits	Call 877-958-5455 and an MDLIVE customer service representative will walk through the process of setting up an account. MDLIVE can assist with conditions such as acne, allergies, cold and flu, constipation, cough, diarrhea, ear problems, fever, nausea and vomiting, pink eye, rash, respiratory problems, sore throats, urinary problems and more.