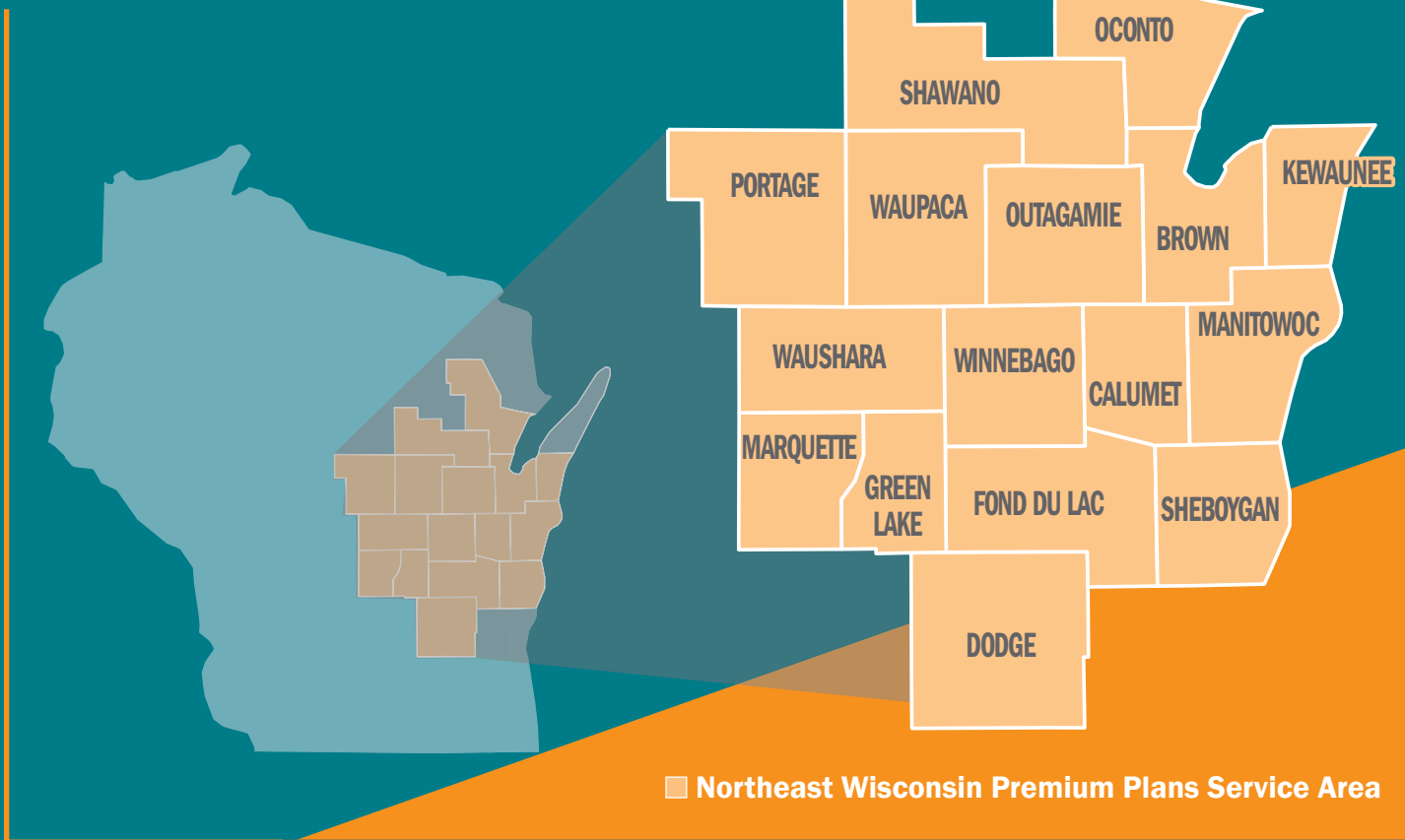


# 2022

## Northeast Wisconsin Medicare Advantage Premium Plans Summary of Benefits



# 2022 PPO SUMMARY OF BENEFITS

## SERVICE AREA AND ELIGIBILITY

To be eligible to join Network Health's Medicare Advantage 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 plans offered in the following counties in Wisconsin—Brown, Calumet, Dodge, Fond du Lac, Green Lake, Kewaunee, Manitowoc, Marquette, Oconto, Outagamie, Portage, Shawano, Sheboygan, Waupaca, Waushara and Winnebago.

## WHAT IS A SUMMARY OF BENEFITS?

This booklet gives you a summary of what we cover and what you pay. It doesn't list every service we cover or list 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](https://networkhealth.com/medicare/plan-materials). Contact the member experience team for a printed copy. You will find information on Network PlatinumChoice (PPO), Network PlatinumPlus (PPO), Network PlatinumPlus Pharmacy (PPO), Network PlatinumPremier (PPO) and Network PlatinumPremier Pharmacy (PPO).

## 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. The plans listed in this booklet have the same cost sharing for in- and out-of-network providers.

## CONTACT NETWORK HEALTH

<b>By Phone</b>	Sales Department – <b>800-983-7587</b> Member Experience Team – <b>800-378-5234</b> TTY/TDD Users – <b>800-947-3529</b>
<b>Online</b>	<b>networkhealth.com</b>
<b>By Mail or In Person</b>	Network Health 1570 Midway Pl. Menasha, WI 54952
<b>Hours of Operation</b>	<ul style="list-style-type: none"><li>• Normal office hours are Monday–Friday, 8 a.m. to 5 p.m.</li><li>• 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.</li><li>• 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.</li></ul>
<b>Additional Resources</b>	<b>Medicare – Available 24 hours a day, seven days a week</b> For coverage and costs of Original Medicare, look in your current “Medicare & You” handbook. View it online at <a href="https://www.medicare.gov">medicare.gov</a> 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.

# 2022 PPO SUMMARY OF BENEFITS

## PPO PLANS WITH PHARMACY COVERAGE

Your Costs	Network Platinum <i>Choice</i> (Includes pharmacy) (PPO)	Network Platinum <i>Plus</i> Pharmacy (PPO)	Network Platinum <i>Premier</i> Pharmacy (PPO)
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>			
<b>Monthly Premium</b>	\$31	\$125	\$298
<b>Annual Medical Deductible</b>	\$0	\$0	\$0
<b>Annual Maximum Out-of-Pocket</b> — (Does not include Part D prescription drugs)	\$4,150 Combined in- and out-of-network	\$3,400 Combined in- and out-of-network	\$3,400 Combined in- and out-of-network
<b>Common Services</b>			
<b>Primary Care Provider Visit</b>	\$0	\$15	\$10
<b>Specialist Visit</b>	\$45	\$40	\$20
<b>Preventive Care*</b>	\$0	\$0	\$0
<b>Annual Medicare Wellness Visit</b>	\$0	\$0	\$0
<b>Medicare-Covered Vaccines</b> — Flu, pneumonia, COVID-19	\$0	\$0	\$0
<b>Part B Vaccines</b> — Hepatitis B, all other Part B vaccines	\$0	\$0	\$0
<b>Inpatient Hospital Services<sup>1</sup></b> — Per admission	\$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
<b>Outpatient Hospital Services</b>	\$300	\$350	\$0
	\$200 at an ambulatory surgical center	\$350 at an ambulatory surgical center	\$0 at an ambulatory surgical center
<b>Labs</b>	\$0-\$10	\$0-\$5	\$0
<b>Diagnostic Tests</b> — Such as ultrasound, EKG, stress test	\$35	\$25	\$0

\*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

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/additional-benefits](https://www.networkhealth.com/medicare/additional-benefits) for more information.

# 2022 PPO SUMMARY OF BENEFITS

## PPO PLANS WITH PHARMACY COVERAGE

Your Costs	Network Platinum <i>Choice</i> (Includes pharmacy) (PPO)	Network Platinum <i>Plus</i> Pharmacy (PPO)	Network Platinum <i>Premier</i> Pharmacy (PPO)
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>			
<b>X-rays</b>	\$30	\$25	\$0
<b>Diagnostic Radiology Services- Advanced Imaging</b>	\$125	\$100	\$0
<b>Urgent Care Visit</b>	\$45	\$40	\$20
<b>Emergency Room Visit- Copayment is waived if admitted to a U.S. hospital within 24 hours</b>	\$90	\$120	\$120
<b>Air and Ground Ambulance Services</b>	\$275	\$250	\$0
<b>Durable Medical Equipment- Such as insulin pumps<sup>1</sup>, CPAP machines, prosthetic devices<sup>1</sup></b>	20% of the cost	20% of the cost	\$0
<b>Physician Telehealth Services</b>	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
<b>Virtual Visit with MDLIVE<sup>®2</sup>- For medical (including dermatology) and mental health</b>	\$0	\$0	\$0
<b>Medicare Part B Drugs<sup>1</sup></b>	20% of the cost	20% of the cost	20% of the cost
<b>Travel Coverage</b>			
<b>Travel within the United States</b>	Receive in-network coverage when you see a provider outside Wisconsin, anywhere in the United States	Receive in-network coverage when you see a provider outside Wisconsin, anywhere in the United States	Receive in-network coverage when you see a provider outside Wisconsin, anywhere in the United States
<b>International Emergency Coverage- View the Evidence of Coverage at networkhealth.com/medicare/ plan-materials for details</b>	\$90 per incident \$100,000 Maximum benefit	\$90 per incident \$100,000 Maximum benefit	\$90 per incident \$100,000 Maximum benefit

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/additional-benefits](https://networkhealth.com/medicare/additional-benefits) for more information.

# 2022 PPO SUMMARY OF BENEFITS

## PPO PLANS WITH PHARMACY COVERAGE

Your Costs	Network Platinum <i>Choice</i> (Includes pharmacy) (PPO)	Network Platinum <i>Plus</i> Pharmacy (PPO)	Network Platinum <i>Premier</i> Pharmacy (PPO)
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>			
<b>Additional Benefits</b>			
<b>Preventive Dental Services<sup>2</sup></b>	2 cleanings and exams per year for \$0 1 bitewing x-ray per year for \$0	1 cleaning and exam per year for \$30	1 cleaning and exam per year for \$30
	\$100 reimbursement out-of-network	\$100 reimbursement out-of-network	\$100 reimbursement out-of-network
<b>Medicare-Covered Dental Services–</b> Does not include services in connection with care, treatment, filling, removal or replacement of teeth	\$45	\$25	\$0
<b>Optional Comprehensive Dental Coverage<sup>2</sup></b>	\$39 monthly premium Annual maximum: \$1,000	\$39 monthly premium Annual maximum: \$1,000	\$39 monthly premium Annual maximum: \$1,000
<b>Annual Routine Vision Exam<sup>2</sup></b>	\$10	\$10	\$10
	\$40 reimbursement out-of-network	\$40 reimbursement out-of-network	\$40 reimbursement out-of-network
<b>Diagnostic Eye Exam–</b> To diagnose and treat diseases and conditions of the eye	\$45	\$25	\$0
<b>Post-Cataract Eyewear–</b> One pair of eyeglasses or contact lenses after each cataract surgery	\$0	\$0	\$0
<b>Over-the-Counter Coverage<sup>2</sup></b>	\$25 per quarter No rollover on quarterly allowance	\$50 per quarter No rollover on quarterly allowance	Not included
<b>Fitness with SilverSneakers<sup>®2</sup></b>	Included	Included	Included
<b>Routine Hearing Exam<sup>2</sup></b>	\$0	\$0	\$0
	\$40 out-of-network	\$40 out-of-network	\$40 out-of-network
<b>Diagnostic Hearing Exam–</b> Exam to diagnose and treat hearing issues	\$45	\$25	\$0

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/additional-benefits](https://www.networkhealth.com/medicare/additional-benefits) for more information.

# 2022 PPO SUMMARY OF BENEFITS

## PPO PLANS WITH PHARMACY COVERAGE

<b>Your Costs</b>	<b>Network Platinum <i>Choice</i> (Includes pharmacy) (PPO)</b>	<b>Network Platinum <i>Plus</i> Pharmacy (PPO)</b>	<b>Network Platinum <i>Premier</i> Pharmacy (PPO)</b>
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>			
<b>Hearing Aids<sup>2</sup></b> Maximum of two hearing aids per year Hearing aid evaluation and fitting included	\$679-\$2,299 per device	\$679-\$2,299 per device	\$679-\$2,299 per device
<b>Mental Health/Substance Abuse</b>			
<b>Outpatient Mental Health</b> – Individual or group therapy	\$40	\$35	\$0
<b>Inpatient Mental Health<sup>1</sup></b> – Per admission	\$295 per day, Days 1 - 4 \$0 Days 5 and beyond	\$150 per day, Days 1 - 10 \$0 Days 11 and beyond	\$0
<b>Opioid Treatment Services</b>	\$40	\$35	\$0
<b>Substance Abuse Services</b> – Outpatient individual or group therapy	\$40	\$20	\$0
<b>Recovery and Rehabilitation Services</b>			
<b>Skilled Nursing Facility<sup>1</sup></b> – Per admission Once you reach your maximum out-of-pocket, you will pay \$0 per day	\$0 per day, Days 1 - 20 \$188 per day, Days 21 - 45 \$0 Days 46 - 100	\$20 per day, Days 1 - 20 \$188 per day, Days 21 - 40 \$0 Days 41 - 100	\$0
<b>Outpatient Physical<sup>1</sup>, Occupational<sup>1</sup>, Speech Therapy</b>	\$40	\$40	\$20
<b>Chiropractic Services</b> – Manipulation of the spine to correct misalignment of one or more of the bones of your spine	\$20	\$20	\$20
<b>Medicare-Covered Acupuncture</b> – For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year	\$45	\$40	\$20
<b>Medicare-Covered Home Health Care Visits<sup>1</sup></b>	\$0	\$0	\$0

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/additional-benefits](https://www.networkhealth.com/medicare/additional-benefits) for more information.

# 2022 PPO SUMMARY OF BENEFITS

## PPO PLANS WITH PHARMACY COVERAGE

Your Costs	Network Platinum <i>Choice</i> (Includes pharmacy) (PPO)	Network Platinum <i>Plus</i> Pharmacy (PPO)	Network Platinum <i>Premier</i> Pharmacy (PPO)
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>			
<b>Services for Specific Conditions</b>			
<b>Cancer</b>			
<b>Chemotherapy<sup>1</sup></b>	20% of the cost	20% of the cost	20% of the cost
<b>Radiation Therapy<sup>1</sup></b>	20% of the cost	\$60	\$0
<b>Acupuncture–</b> Up to 12 visits per year are covered for members who are undergoing chemotherapy and experiencing nausea	\$0	\$0	\$0
<b>Home-Based Palliative Care<sup>1</sup>–</b> One palliative care evaluation and two follow up visits	\$0	\$0	\$0
<b>Diabetes</b>			
<b>Diabetes Monitoring Supplies and Test Strips–</b> OneTouch™ and Accu-Chek™ test strips, continuous glucose monitoring supplies limited to FreeStyle Libre® and Dexcom®. All other brands are not covered	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply
<b>Diabetic Shoes and Inserts–</b> Copayment per pair	\$10	\$10	\$0
<b>End-Stage Renal Disease</b>			
<b>Non-Emergency Transportation–</b> 24 one-way trips to get to and from dialysis	Covered	Covered	Covered
<b>Dialysis</b>	20% of the cost	20% of the cost	20% of the cost

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/additional-benefits](https://www.networkhealth.com/medicare/additional-benefits) for more information.

# 2022 PPO SUMMARY OF BENEFITS

## PPO PLANS WITH PHARMACY COVERAGE

<b>Your Drug Costs</b>		<b>Network Platinum <i>Choice</i> (Includes pharmacy) (PPO)</b>	<b>Network Platinum <i>Plus</i> Pharmacy (PPO)</b>	<b>Network Platinum <i>Premier</i> Pharmacy (PPO)</b>
<b>Annual Drug Deductible</b>		\$260 Applies to Tiers 4-5	\$260 Applies to Tiers 3-5	\$260 Applies to Tiers 4-5
<b>INITIAL COVERAGE – Amount shown is the maximum you will pay, you may pay less.</b>				
<b>PREFERRED</b>	<b>30-Day Supply Preferred Pharmacy or Preferred Mail Order Pharmacy</b>	\$2 for Tier 1 \$8 for Tier 2 \$42 for Tier 3 \$95 for Tier 4 28% of the cost for Tier 5	\$2 for Tier 1 \$8 for Tier 2 \$42 for Tier 3 \$95 for Tier 4 28% of the cost for Tier 5	\$2 for Tier 1 \$8 for Tier 2 \$42 for Tier 3 \$95 for Tier 4 28% of the cost for Tier 5
	<b>90-Day Supply Preferred Pharmacy</b>	\$5 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available	\$5 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available	\$5 for Tier 1 \$20 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available
	<b>31 to 90-Day Supply Preferred Mail Order Pharmacy</b>	<b>\$0 for Tier 1</b> <b>\$0 for Tier 2</b>	<b>\$0 for Tier 1</b> <b>\$0 for Tier 2</b>	<b>\$0 for Tier 1</b> <b>\$0 for Tier 2</b>
	<b>90-Day Supply Preferred Mail Order Pharmacy</b>	\$0 for Tier 1 \$0 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available	\$0 for Tier 1 \$0 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available	\$0 for Tier 1 \$0 for Tier 2 \$105 for Tier 3 \$237 for Tier 4 Tier 5 is not available
<b>STANDARD</b>	<b>30-Day Supply Standard Pharmacy or Standard Mail Order Pharmacy</b>	\$5 for Tier 1 \$15 for Tier 2 \$47 for Tier 3 \$100 for Tier 4 28% of the cost for Tier 5	\$5 for Tier 1 \$15 for Tier 2 \$47 for Tier 3 \$100 for Tier 4 28% of the cost for Tier 5	\$5 for Tier 1 \$15 for Tier 2 \$47 for Tier 3 \$100 for Tier 4 28% of the cost for Tier 5
	<b>90-Day Supply Standard Pharmacy or Standard Mail Order</b>	\$12 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Tier 5 is not available	\$12 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Tier 5 is not available	\$12 for Tier 1 \$37 for Tier 2 \$117 for Tier 3 \$250 for Tier 4 Tier 5 is not available

### COVERAGE GAP

You enter the coverage gap when your total drug costs reach \$4,430. You pay 25% and Network Health pays 75% for generic drugs.

For brand name drugs, you pay 25%, Network Health pays 5% and the drug company pays 70%.

### CATASTROPHIC COVERAGE

You enter catastrophic coverage when your true out-of-pocket costs reach \$7,050. You pay the greater of \$3.95 or 5% of the cost for generic drugs and the greater of \$9.85 or 5% of the cost for brand name drugs.





“

**The person that I talked to at Network Health, called me back. It was the same person. I couldn't believe it.** - John McGivern, Network Health Medicare member

”

# 2022 PPO SUMMARY OF BENEFITS

## PPO PLANS WITHOUT PHARMACY COVERAGE

Your Costs	Network Platinum <i>Plus</i> (PPO)	Network Platinum <i>Premier</i> (PPO)
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>		
Monthly Premium	\$51	\$177
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
<b>Common Services</b>		
Primary Care Provider Visit	\$15	\$10
Specialist Visit	\$40	\$20
Preventive Care*	\$0	\$0
Annual Medicare Wellness Visit	\$0	\$0
Medicare-Covered Vaccines– Flu, pneumonia, COVID-19	\$0	\$0
Part B Vaccines– Hepatitis B, all other Part B vaccines	\$0	\$0
Inpatient Hospital Services <sup>1</sup> – Per admission	\$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	\$350	\$0
	\$350 at an ambulatory surgical center	\$0 at an ambulatory surgical center
Labs	\$0-\$5	\$0
Diagnostic Tests– Such as ultrasound, EKG, stress test	\$25	\$0
X-rays	\$25	\$0
Diagnostic Radiology Services– Advanced Imaging	\$100	\$0
Urgent Care Visit	\$40	\$20

\*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

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/additional-benefits](https://www.networkhealth.com/medicare/additional-benefits) for more information.

# 2022 PPO SUMMARY OF BENEFITS

## PPO PLANS WITHOUT PHARMACY COVERAGE

Your Costs	Network Platinum <i>Plus</i> (PPO)	Network Platinum <i>Premier</i> (PPO)
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>		
<b>Emergency Room Visit-</b> Copayment is waived if admitted to a U.S. hospital within 24 hours	\$120	\$120
<b>Air and Ground Ambulance Services</b>	\$250	\$0
<b>Durable Medical Equipment-</b> Such as insulin pumps <sup>1</sup> , CPAP machines, prosthetic devices <sup>1</sup>	20% of the cost	\$0
<b>Physician Telehealth Services</b>	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
<b>Virtual Visit with MDLIVE<sup>®2</sup>-</b> For medical (including dermatology) and mental health	\$0	\$0
<b>Medicare Part B Drugs<sup>1</sup></b>	20% of the cost	20% of the cost
<b>Travel Coverage</b>		
<b>Travel within the United States</b>	Receive in-network coverage when you see a provider outside Wisconsin, anywhere in the United States	Receive in-network coverage when you see a provider outside Wisconsin, anywhere in the United States
<b>International Emergency Coverage-</b> View the Evidence of Coverage at <a href="http://networkhealth.com/medicare/plan-materials">networkhealth.com/medicare/plan-materials</a> for details	\$90 per incident \$100,000 Maximum benefit	\$90 per incident \$100,000 Maximum benefit
<b>Additional Benefits</b>		
<b>Preventive Dental Services<sup>2</sup></b>	1 cleaning and exam per year for \$30	1 cleaning and exam per year for \$30
	\$100 reimbursement out-of-network	\$100 reimbursement out-of-network
<b>Medicare-Covered Dental Services-</b> Does not include services in connection with care, treatment, filling, removal or replacement of teeth	\$25	\$0
<b>Optional Comprehensive Dental Coverage<sup>2</sup></b>	\$39 monthly premium Annual maximum: \$1,000	\$39 monthly premium Annual maximum: \$1,000

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/additional-benefits](http://networkhealth.com/medicare/additional-benefits) for more information.

# 2022 PPO SUMMARY OF BENEFITS

## PPO PLANS WITHOUT PHARMACY COVERAGE

Your Costs	Network Platinum <i>Plus</i> (PPO)	Network Platinum <i>Premier</i> (PPO)
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>		
<b>Annual Routine Vision Exam<sup>2</sup></b>	\$10 \$40 reimbursement out-of-network	\$10 \$40 reimbursement out-of-network
<b>Diagnostic Eye Exam–</b> To diagnose and treat diseases and conditions of the eye	\$25	\$0
<b>Post-Cataract Eyewear–</b> One pair of eyeglasses or contact lenses after each cataract surgery	\$0	\$0
<b>Over-the-Counter Coverage<sup>2</sup></b>	\$50 per quarter No rollover on quarterly allowance	Not included
<b>Fitness with SilverSneakers<sup>®2</sup></b>	Included	Included
<b>Routine Hearing Exam<sup>2</sup></b>	\$0 \$40 out-of-network	\$0 \$40 out-of-network
<b>Diagnostic Hearing Exam–</b> Exam to diagnose and treat hearing issues	\$25	\$0
<b>Hearing Aids<sup>2</sup>–</b> Maximum of two hearing aids per year Hearing aid evaluation and fitting included	\$679-\$2,299 per device	\$679-\$2,299 per device
<b>Mental Health/Substance Abuse</b>		
<b>Outpatient Mental Health–</b> Individual or group therapy	\$35	\$0
<b>Inpatient Mental Health<sup>1</sup>–</b> Per admission	\$150 per day, Days 1 - 10 \$0 Days 11 and beyond	\$0
<b>Opioid Treatment Services</b>	\$35	\$0
<b>Substance Abuse Services–</b> Outpatient individual or group therapy	\$20	\$0

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/additional-benefits](https://www.networkhealth.com/medicare/additional-benefits) for more information.

# 2022 PPO SUMMARY OF BENEFITS

## PPO PLANS WITHOUT PHARMACY COVERAGE

Your Costs	Network Platinum <i>Plus</i> (PPO)	Network Platinum <i>Premier</i> (PPO)
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>		
<b>Recovery and Rehabilitation Services</b>		
<b>Skilled Nursing Facility<sup>1</sup></b> Per admission Once you reach your maximum out-of-pocket, you will pay \$0 per day	\$20 per day, Days 1 - 20 \$188 per day, Days 21 - 40 \$0 Days 41 - 100	\$0
<b>Outpatient Physical<sup>1</sup>, Occupational<sup>1</sup>, Speech Therapy</b>	\$40	\$20
<b>Chiropractic Services</b> Manipulation of the spine to correct misalignment of one or more of the bones of your spine	\$20	\$20
<b>Medicare-Covered Acupuncture</b> For chronic low back pain only, up to 12 visits in 90 days and no more than 20 visits per year	\$40	\$20
<b>Medicare-Covered Home Health Care Visits<sup>1</sup></b>	\$0	\$0
<b>Services for Specific Conditions</b>		
<b>Cancer</b>		
<b>Chemotherapy<sup>1</sup></b>	20% of the cost	20% of the cost
<b>Radiation Therapy<sup>1</sup></b>	\$60	\$0
<b>Acupuncture</b> Up to 12 visits per year are covered for members who are undergoing chemotherapy and experiencing nausea	\$0	\$0
<b>Home-Based Palliative Care<sup>1</sup></b> One palliative care evaluation and two follow up visits	\$0	\$0

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/additional-benefits](https://www.networkhealth.com/medicare/additional-benefits) for more information.

# 2022 PPO SUMMARY OF BENEFITS

## PPO PLANS WITHOUT PHARMACY COVERAGE

Your Costs	Network Platinum <i>Plus</i> (PPO)	Network Platinum <i>Premier</i> (PPO)
<b>YOU PAY THE SAME IN- AND OUT-OF-NETWORK FOR MEDICAL BENEFITS</b>		
<b>Diabetes</b>		
<b>Diabetes Monitoring Supplies and Test Strips–</b> OneTouch™ and Accu-Chek™ test strips, continuous glucose monitoring supplies limited to FreeStyle Libre® and Dexcom®. All other brands are not covered	\$0 for up to a 90-day supply	\$0 for up to a 90-day supply
<b>Diabetic Shoes and Inserts–</b> Copayment per pair	\$10	\$0
<b>End-Stage Renal Disease</b>		
<b>Non-Emergency Transportation–</b> 24 one-way trips to get to and from dialysis	Covered	Covered
<b>Dialysis</b>	20% of the cost	20% of the cost

<sup>1</sup>Service may require prior authorization.

<sup>2</sup>Visit [networkhealth.com/medicare/additional-benefits](https://www.networkhealth.com/medicare/additional-benefits) for more information.

# PRE-ENROLLMENT CHECKLIST

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a member of the member experience team at **800-378-5234** (TTY 800-947-3529), 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.

## Understanding the Benefits

- Review the full list of benefits found in the Evidence of Coverage (EOC), especially for those services for which you see a doctor. Visit [networkhealth.com/medicare/plan-materials](https://www.networkhealth.com/medicare/plan-materials) or call **800-378-5234** (TTY 800-947-3529) to view a copy of the EOC.
- Review the provider directory (or ask your doctor) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select a new doctor.
- Review the pharmacy directory to make sure the pharmacy you use for any prescription medicine is in the network. If the pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.

## Understanding Important Rules

- In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- Benefits, premiums and/or copayments/coinsurance may change on January 1, 2023.
- Our plan allows you to see providers outside of our network (non-contracted providers). However, while we will pay for covered services provided by a non-contracted provider, the provider must agree to treat you. Except in an emergency or urgent situations, non-contracted providers may deny care.



800-983-7587 (TTY 800-947-3529)  
[networkhealth.com](http://networkhealth.com)

Network Health Medicare Advantage Plans include MSA, HMO and 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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